



# CHEMIST & DRUGGIST

The newsweekly for pharmacy

April 17, 1993

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professional look**



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## Comment

Branded generics have had a chequered history and one of the latest, Unigam — if that is what it is — is no exception to the rule. Licensed last August as a prescription only medicine for the treatment of mastalgia and atopic eczema, Norgine's Unigam capsule contains 40 mg of gamolenic acid (provided by evening primrose oil) and 10 mg of vitamin E as an *in vivo* anti-oxidant (see **Script specials** April 3, p596).

Unigam's advent to the market was delayed by a court action instigated by Scotia Pharmaceuticals who are the product licence holders for two products each containing 40 mg of gamolenic acid: Efamast and Epogam, both POMs but with different indications, for mastalgia and atopic eczema respectively.

Norgine claim their product is the first dual action POM and that it has significant cost benefits for the NHS (see Norgine Pharmaceutical's advertisement on p712). Whatever the benefits of the product for patient or NHS pharmacists might wonder why the Norgine chose to launch the product on April 1 when on March 18 Scotia had already been granted leave to apply for a judicial review of Norgine and Department of Health activities in respect of the licensing of Unigam.

At an interim hearing on April 7 the High Court ordered the product licence of Unigam to be suspended pending the full review set for July. Stocks have to be withdrawn from wholesalers and pharmacists educated

about the new status of the product, so as to be ready to deflate an expectant public, should the news of another evening primrose oil POM have reached their ears. And therein lies the rub.

Community pharmacists and the public understand little of the mysteries of marketing, and little of the potential and mysteries of public relations — excepting, of course founder of the Pharmacy Support Group, Hemant Patel, who seems to have scored remarkable successes on both counts with his just-announced meeting with Prime Minister John Major.

Some might see Norgine's launch of Unigam as a pre-emptive marketing strike — and its withdrawal gave the company an opportunity to create awareness of the product. Others would question why the Medicines Control Agency — surely fully cognisant of UK and European licensing regimes and law — would grant a "copy generic licence on an abridged basis", if it did not comply with the condition tightly defined by EC Directive 87/21. Rightly the court will review the law and judge.

Meantime Larkhall Laboratories have launched Gammolin, not licensed as a medicine but marketed to doctors as a food containing gamolenic acid 40 mg (from evening primrose oil), with no medicinal claims, rather just its ability to make "huge savings" for the NHS!

All this is not exactly a bed of primroses for pharmacists and their public!



## Unigam licence suspended

The product licence for Unigam capsules, a gamolenic acid product from Norgine, was suspended by the High Court at an interim hearing last week.

The ruling prevents Norgine from marketing the product pending the outcome of legal action brought by Scotia Pharmaceuticals against the Department of Health/Norgine Ltd. In this action Scotia claim that the DoH was not correct in issuing a licence for Unigam.

Unigam was licensed last August as a POM for cyclical breast pain and atopic eczema, and was introduced into the market earlier this month (C&D April 3, p596). As a result of the High Court decision all stocks of Unigam are being withdrawn from wholesalers and all promotional activity cancelled.

Scotia hold product licences for two gamolenic acid in evening primrose oil products — Epogam for atopic eczema, a licence granted in 1988, and Efamast for breast pain, licence granted in 1990. Scotia believe that these two licences are in practice protected for ten years from the dates of issue under EC Directive 87/21/EEC. This Directive prevents licensing authorities from issuing copy generic licences on an abridged basis except under very tightly defined conditions and Scotia say that the published literature is insufficient to enable a copy product to be licensed.

According to Scotia, the Court found that the company had established a strong *prima facie* case that the abridged application for the Unigam licence, which relied upon the published literature exemption contained in the EC Directive (87/21/EEC), had been granted in breach of European law. The full hearing will be held on July 5.

In giving the decision, Lord Justice Evans stated that as far as the court was concerned, there was no evidence to suggest that Unigam was unsafe or was likely to become unsafe under normal storage conditions.

- The prescription market for gamolenic acid is said to be worth around £14 million per annum, and is one of the fastest growing sectors of the market.

- Larkhall have introduced a gamolenic acid product, called Gammolin. This product does not have a product licence and the company describe it as "a dietary supplement which can be prescribed on the NHS".

The PSNC have confirmed that Gammolin is not blacklisted. It is also not an official borderline substance so doctors may be questioned if they prescribe it.

## PSG takes fight to John Major and meets PSNC

Hemant Patel, founder of the Pharmacy Support Group, was due to take the cause of small contractors to Downing Street as C&D went to press.

The Essex-based pharmacist, who is chairman of the PSG, and its treasurer, were due to meet the Prime Minister John Major in the evening of April 14.

Speaking before the meeting, Mr Patel said he hoped to hammer home the point that the Government is taking the wrong path with its remuneration offer. PSG plans to target the 40 most marginal Tory seats so that public pressure on MPs will be most likely to have an effect.

It has been a week of important meetings for Mr Patel who, on April 13, addressed PSNC. He told them that the PSG had decided to draw the issue of remuneration,

not only to the attention of MPs, but also to the financial centres.

"We care about every single pharmacy but I had to explain to them that if they thought the PSG would disappear in a few weeks after making some noise then they'd be sadly mistaken," he said.

Asked how he felt the meeting with PSNC had gone, Mr Patel said he was very pleased: "It is the first time I can smile since this whole thing started."

He told PSNC that an attack on the small contractor, with the consent of the establishment, was "a cowardly, unprovoked and barbaric amputation of an important part of the profession from the main body".

But, he emphasised that the Group's confidence, strength and sense of responsibility mean that

they came to the meeting as "copers rather than hoppers".

As to the way forward, Mr Patel urged PSNC to act on Peter Curphey's ten-point plan outlined at the PSG meeting on March 28.

"We must have a regulated policy of entry and exit from the pharmaceutical service," he said. Compensation should be available regardless of size.

"I hope that because of inertia, self-interest and aversion to new ideas, that our serious proposals are not rejected."

Mr Patel has also met recently with Health Secretary Virginia Bottomley, who told him that pharmacists were valuable people with an important role in the community. She gave the impression she was willing to listen to reasonable arguments.



## Boots to train staff in homoeopathy

Boots have confirmed that they are planning to train healthcare staff in their stores in selling homoeopathic remedies. But they will not have in-store "consultants" as reported in the *Telegraph* last week, a Boots spokesman told C&D.

A programme, being drawn up with the help of the Faculty of

Homoeopathy, will be used to provide basic training on selling homoeopathic remedies, he said. This will be no different to the sort of training staff receive on selling remedies for coughs and colds, hayfever, or any other minor ailment.

Staff in the 500 Boots stores that sell homoeopathic remedies

will receive more extensive training than those in stores that don't stock these products.

Boots are taking this training initiative because they are aware of a growing public interest in homoeopathy and homoeopathic products and want to be able to provide a better customer service said the spokesman.

## Fluoride supplements promoted

A booklet entitled "Facts about fluoride supplements" has been produced jointly by the pharmaceutical and dental professions in Wales.

The aim of the booklet is to give pharmacists comprehensive information about the fluoride supplements and the role of fluoride in preventing dental caries.

As suppliers of both dental products and some dietary products for babies, pharmacists are in an ideal position to reinforce the health education

messages of the dental professions, says the booklet. It has been distributed to all pharmacies in Wales.

The booklet contains information about sources of fluoride and highlights the pharmacist's role in preventing dental caries. Advice on the pros and cons of fluoride supplements is also given.



# LPC calls for poster campaign to fight DoH

One of the national pharmacy bodies should be organising a poster campaign telling the public about the threat to small pharmacies posed by the Government's remuneration offer, says one LPC chairman.

Andrew McCoig, chairman of Croydon Local Pharmaceutical Committee, says that if action is not forthcoming in the next week or so then he will give serious consideration to organising a campaign on a local basis instead.

Mr McCoig says he is trying to contact organisations such as the Royal Pharmaceutical Society, the Pharmaceutical Services Negotiating Committee and the National Pharmaceutical Association to see if they have any specific plans in the pipeline.

"I'm not very keen to be spending LPC money, such that it

is, if a week or two later a bigger and better campaign is going to be announced," he told *C&D*.

Mr McCoig has written to the four Croydon MPs and to the general manager and chairman of the Family Health Services Authority, which he describes as "very pharmacy friendly".

He also favours leaflets, spelling out the implications of the DoH scheme, which could be put into the bag with dispensed medicines in the pharmacy.

The plight of small pharmacies in the area was also highlighted in the local Press under the headline "Cash bonus a bitter pill for chemists". The article focused on the fact that one pharmacy in five faces closure under the remuneration offer which it described as "a scheme to reward those who do the most

prescriptions".

Mr McCoig now plans to target the local cable television station and has contacted the public relations officer of the local branch of the Royal Pharmaceutical Society to see if they can work together. "I am hoping that some joint activity will be the order of the day," he said.

FHSA chairman Margaret James has written to the LPC to say she has asked the FHSA pharmacy member to give a presentation on the implications of the DoH's offer. The Authority will then discuss the situation further.

• Northumberland LPC have written to Health Secretary Virginia Bottomley to protest at the remuneration situation and has used this letter as a core for letters to all local MPs, opposition health speakers and the chairman of local councils.

LPC secretary Andrew Booth told *C&D* that the Committee is also targeting the FHSA, Community Health Councils, local newspapers, the Woman's Institute and parish councils with a pharmacy at risk in their area.

A meeting of all contractors is planned for April 20.

• Robert Worby, secretary of Redbridge and Waltham Forest LPC, has also written to MPs.

He points out that 33 out of 116 pharmacies in Redbridge and Waltham Forest are in danger of closure as are 24 out of 82 in Barking and Havering.

"We appeal to all fair-minded MPs to ensure that the DoH will think again before perpetrating this appalling High Street robbery," he says.

## Barnet presses on PSNC special LPC conference

Barnet LPC has gathered enough support to be able to mandate the Pharmaceutical Services Negotiating Committee not to settle with the Department on remuneration without the approval of a special LPC conference.

They are also calling for the conference to be chaired by an local pharmaceutical committee member to be selected by LPCs.

However, for the time being, Barnet has stopped short of proceeding formally with this proposal, accepting instead an undertaking from PSNC that it won't impose a pay settlement without first consulting LPCs.

Under PSNC's constitution, a meeting of LPCs can be called if 25 Committees so demand. Barnet LPC's chairman Adrian Korsner told *C&D* that the LPC stopped counting when they had the support of 27 Committees, knowing that this was sufficient to achieve its aim.

Copies of the motion, proposed by Barnet and seconded by Gateshead LPC, were sent out to all LPCs. It reads: "The undersigned LPC wholeheartedly supports the Pharmaceutical Services Negotiating Committee in its rejection of the Department of Health's remuneration offer.

"It further mandates the PSNC not, under any circumstances, to conclude any negotiation with the DoH in the current negotiating round without the approval of a special conference of LPCs to be chaired by an LPC member to be selected by those LPCs."

Mr Korsner said he was happy with the undertaking he had received from PSNC. Barnet had wanted to make sure that the LPCs handled their own future rather than leaving it all to PSNC, he said.

"We need to be the masters of our own fate", he explained. "We wanted to get the ball back into our court and we feel we have gone some way towards achieving this."

Mr Korsner is waiting for the outcome of the meeting between PSNC meeting and the DoH on May 6. He does not envisage an LPC conference before then.

## No dispensing profit in pharmacies, Mail is told

The PSNC is to write to *Mail on Sunday* columnist John Junor correcting his supposition that there is a 30 per cent mark-up on prescriptions dispensed by pharmacists.

Mr Junor was commenting on a case of doctor dispensing in Wescott, Surrey. GP Thomas Guilder was said to be suing the local FHSA for damages because when he bought his practice in 1988 he had been led to expect a profit from dispensing of £61,500 a year but received "a mere" £37,490.

"If there is that sort of mark-up on drugs supplied in rural

practices, it would be reasonable to suppose that there is the same sort of mark-up on prescriptions dispensed by High Street chemists," wrote Mr Junor. He asked if profits of 20 to 30 per cent were made on every drug prescribed on the NHS, and wondered whether this explained why the NHS was "going down the financial tube".

PSNC Secretary Stephen Axon told *C&D* that he was arranging for a reply to be sent to the *Mail on Sunday*. It would be made clear that pharmacists make no profits on dispensing drugs, he said.

The source of Mr Junor's story was the *Dorking Advertiser* (April 1). It reports that Dr Guilder claims the FHSA failed to inform him of the previous practice holder's conviction for overclaiming for drugs dispensed.

## POM to P move for Zirtek?

A change in legal status from POM to P for Zirtek (cetirizine) is on the cards for mid-Summer.

"We will possibly have a status change thrust upon us by the Medicines Control Agency, and have raised no objections," Mr T. Anscomb, general manager at UCB Pharma told *C&D* shortly before Easter. The MCA approached the company over its intention on March 15.

All new Prescription Only Medicines are reviewed on their fifth birthday: 1993 is Zirtek's fifth.

Mr Anscomb is uncertain how UCB Pharma will exploit Zirtek's OTC possibilities. The company is small and relatively new to the UK market. "You need a deal of clout to go OTC," he observes.

However, if Zirtek is given a P licence he said a 10 tablet pack with a patient package insert would be made available which pharmacists could recommend and sell over the counter.

Cetirizine is unique among the new generation of antihistamines in that it is not metabolised by the liver, and does not utilise the cytochrome P45 system. This means its potential for drug interactions is very low, and it is an excellent drug for urticaria and pruritis, says Mr Anscomb.

He views with some concern the possibility that the drug may be blacklisted in the extension to the Selected List.

"Cetirizine has a special place. I see a case for keeping it prescribable for dermatological conditions," he says.


## Mersey RHA targets more effective prescribing

A campaign to promote more effective prescribing by GPs in Merseyside and Cheshire is being launched by Mersey Regional Health Authority.

The campaign will look at all areas of prescribing but particular attention will be paid to asthma, heart disease and diabetes. Consideration will also be given to the five key health target areas named in the Government's "Health of the Nation" document.

The RHA says it will be working closely with GPs, pharmacists, hospital specialists and patients' groups to help eliminate inappropriate prescribing generally, such as the prescribing of drugs where other forms of treatment, or perhaps even advice, would be more suitable.





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REFERENCE: 1. Martin Hamblin Research, The Purchasing of OTC Hydrocortisone, January, 1990. **PRODUCT INFORMATION:** H<sup>c</sup>45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** H<sup>c</sup>45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.29. **Legal category:** P. **Product licence number:** PL 0327/0039. **Cream E45:** White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubes containing 125g and also 500g. **RSP:** Tube 50g £1.60. Tub 125g £3.20. Tub 500g £7.55. **Legal category:** GSL. **Product licence number:** PL 0327/5904. Crookes Healthcare Ltd. Nottingham NG2 3AA.



# Go-ahead for research into effects of pay offer



Council has agreed that the Royal Pharmaceutical Society should support an independent research project into the effects of the proposed remuneration offer.

The proposal that a number of pharmacy organisations should jointly commission and fund such a project was made at a meeting of the Community Pharmacy Co-ordinating Group which comprises representatives of the Society, the NPA, PSNC, the Co-operative Pharmacy Technical Panel, the Scottish Pharmaceutical General Council and the CCA. Each organisation will be asked to consider funding such research.

Council agreed to advise the Group that, while the Society was prepared to participate, Council members had expressed some misgivings about the project's value.

The Group also decided that the organisations represented should be asked to make a joint approach to the Department in the light of the British Medical Association's decision to change its ethical code to make it no longer unethical for GPs to have a financial interest in pharmacies. They should explain why it was undesirable for doctors to be involved in both prescribing and dispensing.

Council also agreed that the Society should join the NPA and PSNC in a public relations initiative emphasising the role of pharmacy and the threat it faced from the remuneration offer.

David Allen suggested there should be an urgent meeting between the three bodies with a view to setting up a fighting fund and employing an outside public relations firm. David Sharpe said there was already a great deal of PR expertise within the three bodies, what was lacking was human resources.

William Darling pointed out that a PR campaign was one thing; opposition to the Government's proposal was another. The Society's working party on access to pharmacy services was to meet shortly and would not support any recommendation which was not in the public interest. He believed the Society should be focussing its action on the working party's outcome.

A motion by Ann Lewis that a PR initiative should be launched with the other two organisations was carried.

**Meeting with Minister** The Society's views on the proposed changes to NHS remuneration were put to the Health Minister on March 10.

The Society's representatives also referred to recent research

showing that most GPs followed prescribing guidance given by hospital consultants, which was a powerful reason for continued central support for hospital clinical pharmacy services.

The president, David Coleman, emphasised the need to ensure that both pharmacists and GPs were given prompt information about any changes to the Selected List, so that both professions gave consistent advice to patients.

The Society's representatives also expressed the view that repeat dispensing would lead to cost savings because patients would not ask for some of the second and third repeats if medication was changed or for other reasons.

**Doctor dispensing** The Practice Committee agreed to look into the actions the Society might need to take in the light of possible developments affecting the future of community pharmacy. These included professional allowances, control of entry into NHS contract, pharmacy ownership by GPs and doctor dispensing.

**Practice standards** The Practice Committee agreed that the Society should prepare a reference standards document on health education and patient counselling in community pharmacies. The decision arose from discussion of the standards required to meet the "Patient's Charter" and the proposed requirements for a professional allowance to be paid to community pharmacies.

**Pharmacy charters** Council approved a draft "Patient's charter for NHS pharmaceutical care." Copies are to be circulated to FHSA pharmacist members, FHSA pharmaceutical advisers and hospital pharmacists. The PSNC would be asked to forward copies to LPC secretaries and the Scottish Executive would be asked to modify it for area health board pharmacist members and pharmaceutical advisers.

**Four-year degree** Council agreed that the case for a four-year pharmacy degree course in England and Wales should be put to the Secretary for Education.

**Signalysis in pharmacies unethical** Council decided it would be a breach of professional ethics for a pharmacist to engage in signalysis therapy from a pharmacy. The technique involves purification of blood or urine products to produce crystals whose form supposedly gives an insight into the patient's health. Remedies made from the body fluid samples, sometimes combined with herbs, are then given as oral drops, nasal sprays or creams. Literature promoting the technique said that the remedies were manufactured in the signalysis company's own registered pharmacy.

**Free health checks** Council decided it would not object if a pharmacy wished to offer free health checks to the public, provided the checks were not linked to the purchase of a medicine or any other item.

**Confectionery display** Council agreed that the Society should not

support a campaign to stop the POS display of confectionery. The campaign, "Chuck sweets out of the checkout", had the support of the British Dental Association and Dietary Sugars Liaison Group, among others. The Code of Ethics does not refer to confectionery supply and there were problems of differentiating between pure confectionery and items such as cough sweets.

**Meditrol trial** Michael Burden is to represent the Society on the development group for the trial of Boots' Meditrol automated distribution and stock control system at Luton and Dunstable Hospital. Boots have given an assurance that Mr Burden's services would not result in the Society being associated with any marketing activity for the system. **Tomlinson report** Council approved the wording of a document setting out the importance of pharmaceutical involvement in implementing recommendations in the Tomlinson report on London's healthcare.

**Additional medicines category** The first meeting has taken place of the Council's working group set up to consider additional professional controls needed in the sale of certain pharmacy medicines and the question of supervision of P medicine sales.

## German measles

Expectant mothers and those planning a pregnancy are being reminded of the dangers of rubella after a rise in reported cases. The Communicable Disease Surveillance Centre dealt with more than 500 cases in the first three months of 1993 compared to just 201 in the whole of last year. Four pregnant women have been diagnosed so far this year compared to only two last year.

## NI statistics

Figures for Northern Ireland for January 1993 show that 1,425,102 prescriptions were dispensed on 852,241 forms at a gross cost of £12,432,531 (net £11,966,215). The gross cost per prescription was £8.72 (net £7.58).

## Script exemptions

If the limits applied to free eye tests were used for exemption from prescription charges this would reduce the number of people entitled to free scripts

to about 20 million, according to Minister for Health, Dr Brian Mawhinney. In a Parliamentary written answer he said this would reduce the need for voted provision for the NHS by between £700 and £800 million a year.

## Pneumonia sheet

A fact sheet on pneumonia, in which interest increased after Princess Margaret suffered a bout, has been issued by the British Lung Foundation. The sheet, sponsored by Midlands Electricity, details causes, symptoms and treatment for the disease which kills more than 27,000 people in Britain every year.

## Heart videos

Three videos to help reassure parents of children with congenital heart disease have been produced by the British Heart Foundation. The first concentrates on diagnosis and treatment, the second deals with surgery and intensive care and the third describes new techniques that can

replace surgery. They feature newsreader Jill Dando, who had heart surgery at the age of three, and weatherman Francis Wilson, whose son had an operation to correct a whole in the heart. Each costs £5 and are available from the Foundation.

## Hib reactions

Since October 1 1992 more than 4 million doses of haemophilus influenzae b (Hib) vaccine have been distributed in the UK. To date, 807 reports of adverse reactions have been submitted under the yellow card scheme.

## MCA a trading fund

The Medicines Control Agency (MCA) became a trading fund on April 1. Expenditure by a trading fund is not controlled by a cash limit. Instead the fund can adjust its expenditure up and down to reflect its income, and can use income to meet either running costs or capital expenditure, and can create reserves. The MCA is already a "Next Steps" agency.





## Round one won against multiples — Rejoice!

The inexorable march of the multiple has been temporarily halted, courtesy of the High Court, following its ruling supporting the previous decision of the Cambridgeshire Family Health Services Authority and the Appeals Unit, that the benefits of competition may be considered when hearing applications for new pharmacy contracts (*C&D* April 10) p693).

I have always felt that a mockery was made of the planning functions of FHSAs when they had to consider applications for new contracts in chronological order, regardless of overall benefit to the community. It now appears that this strait jacket has been considerably relaxed. Now this is done the local monopolies that many multiples aim to achieve can be more effectively challenged.

Stephen Axon, secretary of the Pharmaceutical Services Negotiating Committee, may feel unable to make any comment without reading the transcript but I am under no such constraint. Yippee! At last, one important round to the independents!

However, the dangers of an

eventual employee-only community profession have not been eliminated by this decision, but it must give renewed hope to independents prepared to fight the arrogant assumption of the multiples, that it is only they, with their cast iron covenants, who have the right to represent community pharmacy in the High Street.

## By hook or by Crookes

I have always believed in the value of training to motivate staff convinced that, with knowledge comes the satisfaction of a job well done. However, I am also aware that, however conscientious the staff, all those pages of dry knowledge must sometimes become very heavy going with little perceived direct benefit to the assistant.

So it was nice to receive the latest training sheet from Crookes on period pain and premenstrual syndrome, because with the excellent training material was a questionnaire and the chance to win £100 of M&S vouchers. To answer the questions it was necessary to have understood the training sheet, so achieving its objective. Nevertheless, all my staff appreciated that little extra incentive even if they eventually find that they are not among the winners!

## Gun-toting pardners' after all!

Rest assured Mr Mensink (*Letters* April 10) we are both on the same side. My criticism of "Business in Focus", March 27, was not that Mr M should retreat into insular apathy, relying on the NHS for his income, but that he should build on his windfall opportunity.

As so breathtakingly demonstrated by the report of the plenary meeting between PSNC and the Department of

Health (*PSNC News*, March 93), we certainly cannot rely on any Departmental munificence to fuel our future development but, that having been said, NHS dispensing is our core business and, when substantial, may be beneficially used as the basis of providing a truly professional practice.

I am the first to acknowledge that the heavy footfall of a busy dispensing practice gives excellent opportunity to gain retail sales and to neglect that situation does not make sound business sense. That development, however, should involve products which are complementary to the practice of pharmacy. Crisps and confectionery are pick up lines in every corner shop in the land. Their presence in any community pharmacy must be counterproductive to establishing that professionalism and patient confidence we both obviously desire.

## Sugar-free all the way!

In the April "Pink Supplement", from the National Pharmaceutical Association, was a list of sugar-free antibiotics. This was particularly relevant, since only a few hours later I was asked for a sugar-free penicillin elixir for a hyperactive child.

Regrettably, even this most up-to-date information was unable to satisfy the request, but it did concentrate my mind on the present absurdity of the incompleteness of sugar-free formulations.

I do not see why all children's preparations should not now be available sugar-free, since I am rarely specifically asked for a liquid which does contain sugar. The probability of the changed formulation being unacceptable is also remote, as demonstrated when Amoxil SF was marketed. I changed immediately to the new formulation and have never once been asked for its sugary predecessor. Sugar no longer serves any useful purpose in these mixtures and, with so much evidence implicating its role in dental decay, as well as hyperactivity, it should now be universally excluded.

## Glaxo recall four batches of Zinacef

Glaxo Pharmaceuticals have issued a product recall for four batches of Zinacef (sodium cefuroxime) 1.5g as a precautionary measure.

The batches affected are B2672NC, B3363BA, B2843AA and B2843BA.

The recall follows a process change but the company has stressed that all routine sterility tests on these batches were satisfactory and there is no evidence to suggest a clinically significant risk to patients.

Pharmacists holding stock from the above batches should return them through their normal suppliers.

## Car-taker has sentence reduced

A teenage car-taker whose driving led to the deaths of four people, including a Birmingham pharmacist, had his youth custody sentence reduced from five to four years at the Appeal Court on April 6.

Marcus Eames, 19, formerly of Gopsall Street, Leicester, had admitted causing the deaths of two friends by reckless driving at Sutton Bonington in July 1991.

Their car had collided with that driven by hospital pharmacist Andrew Auld and his wife Dorothy from Moseley, Birmingham. The couple also died in the collision.

The appeal judges also cut Eames' 12-year driving ban to five years.

## Task force for health of minorities

A new task force to improve the health of black and ethnic minorities has been announced by Virginia Bottomley, Secretary of State for Health.

Membership of the task force, which includes the general managers of Tower Hamlets HA, Derbyshire FHSA and North West Thames RHA, is drawn from community groups, the NHS and the Department of Health. It will report to the DoH later in the year with recommendations on how health services to black and ethnic minority patients can be improved.

"We are determined that people from black and ethnic minorities should benefit fully from the NHS," said Mrs Bottomley.

# Topical REFLECTIONS

# E45 ASSETS

## ARE NOW MORE LIQUID



dermatological  
moisturising  
lotion

SOOTHES AND SOFTENS  
DRY SKIN  
UNPERFUMED  
NON GREASY

With the arrival of new Lotion E45, the E45 range now offers dry skin care with a lighter touch.

A valuable adjunct to Cream E45, this effective dermatological moisturiser spreads easily over large areas of dry, sensitive, flaking or chapped skin – without feeling greasy.

Like Cream E45, Lotion E45 is unperfumed, tested to dermatological standards and formulated with hypoallergenic lanolin to ensure greater skin tolerance.

Since customers' needs vary, it's not surprising they are responding to this new E45 texture with great enthusiasm. And the latest research among non-E45 users shows that 58% are likely to buy Lotion E45.<sup>1</sup>

That means the E45 range will bring you even more customers, especially in view of our extensive consumer advertising.

So make sure you stock new Lotion E45 and recommend it to all those who prefer their E45 assets to be more liquid.



### NEW LOTION E45 ESSENTIAL MOISTURE REPLACEMENT



# QUALITY, VALUE THE INGREDIENTS





# E AND SUPPORT, N ALL OUR BRANDS.



At Seton Healthcare, we are fully committed to supporting our growing range of proven and popular OTC brands.

Backed by impactful advertising and strong promotional support, they offer the perfect mix for better sales.

Add to this a pharmacy only policy backed by our strongest ever sales team with more deals, more often and on more brands - and you have the support you've always wanted on brands you've always trusted.

Ask your local representative about the Seton Healthcare recipe for OTC success.



Seton  
Healthcare Group plc



# Scriptspecials

## New high dose antibiotics

Augmentin 625, from Smithkline Beecham Pharmaceuticals is a new high dose oral formulation of Augmentin. Each tablet contains 500mg amoxycillin and 125mg clavulanic acid.

Augmentin 625 is indicated for the short-term treatment of more serious bacterial infections at the following sites: upper respiratory tract infections (including ENT); lower respiratory tract infections; genito-urinary tract infections and skin and soft tissue infections.

The company say in addition to providing an alternative in serious infection to the 375mg tablet, Augmentin 625mg tablets are a convenient option when switching from IV to oral therapy in the hospital setting.

Augmentin 625mg tablets are available in three pack sizes: 21 (£11.82); 50 (£28.14), and 100 (£56.27). **Smithkline Beecham Pharmaceuticals. Tel: 0707 325111.**

Bayer are also introducing a higher dose oral formulation of

Ciproxin. The new tablets contain 874.5mg ciprofloxacin hydrochloride monohydrate, equivalent to 750mg ciprofloxacin.

Ciprofloxacin is indicated for the treatment of single infections or mixed infections caused by two or more susceptible organisms. In respiratory tract infections

250-750mg twice daily for both upper and lower tract infections depending on severity. Although ciprofloxacin is not recommended as first line treatment for pneumococcal pneumonia, where it is considered to be appropriate, a dosage of 750mg twice daily should be used.

In severe infections, particularly due to *Pseudomonas*, staphylococci and streptococci, the higher dosage of 750mg twice daily should be used.

Ciproxin 750mg tablets are available in two pack sizes: 10 (£20) or 100 (£200). **Bayer plc. Tel: 0635 39000**

### Unigam withdrawn

As a result of interim legal action between Scotia Pharmaceuticals and the Department of Health/Norgine Ltd stocks of Unigam (C&D, April 3, p596) are being withdrawn from wholesalers and all promotional activity has been cancelled. Further details on the news pages. **Norgine Ltd. Tel: 0865 750717.**

### Betnesol-N drops

Betnesol-N drops, marketed by Evans Medical have been reformulated to replace 0.005 per cent thiomersal with 0.01 per cent benzalkonium chloride as the preservative. **Betnesol-N drops**

should not be used to treat patients who wear soft contact lenses. **Evans Medical Ltd. Tel: 0403 41400.**

### Priadel liquid

Priadel liquid is now additionally available in 300ml amber bottles (£13.50). Each 5ml contains 520mg lithium citrate, equivalent to 5.4mmol lithium. **Delandale Laboratories Ltd. Tel: 0227 766353.**

### Lormetazepam 1mg

All Wyeth Lormetazepam 1mg tablets have changed from an oval to a round tablets, marked Wyeth on one face and WY037 on the other. **Wyeth laboratories. Tel:**

**0628 604377.**

### Beta-cardone 40mg

Increased sales of Beta-cardone 40mg have led to stock shortages in some areas. Evans say a new batch is expected in this week and they stress that there is no problem with production. **Evans Medical Ltd. Tel: 0403 41400.**

### Colomycin 0.5mu

Pharmax say Colomycin 0.5mu vials are temporarily out of stock. They suggest using the Colomycin 1.0mu strength vials as a substitute for the lower strength by doubling the amount of reconstitution diluent. **Pharmax Ltd. Tel: 0322 550550.**

## Medical Matters

### Management guidelines from BHS

Reducing salt and alcohol intake, regular exercise and achieving target weight were some of the non-pharmacological measures recommended for all hypertensives in a report by the second working party of the British Hypertension Society.

The working party also recommend lowering the threshold for intervention of drug treatment. Patients with a diastolic pressure of between 90-99mm Hg warrant further investigation. However, diagnosis should not be made immediately and the blood pressure levels should be recorded over four visits to the GP to establish the correct level before drug treatment is instituted.

The first line drug treatment, if there is no co-existing risk factors such as asthma or diabetes, remains diuretics and beta-blockers. The newer drugs, such as ACE inhibitors, calcium channel blockers and alpha-blockers, are alternative first line treatment. These drugs would be first line treatment in selected conditions such as asthma, heart failure and diabetes, where traditional first line drugs are poorly tolerated.

However, the working party was concerned about the absence of long term data with the newer agents — a definitive outcome trial is currently being planned.

The benefits of blood pressure lowering in the elderly have been confirmed in recent trials. In this group of patients first line treatment should be thiazide diuretics combined with a

potassium-sparing drug.

Treatment goals remain an issue of much concern with only around half of the hypertensive patients achieving acceptable blood pressure control. The BHS recommends a diastolic blood pressure of 80mmHg as the target of treatment. 40,000 copies of the guidelines have been distributed to GPs in the UK.

### Glucose meters reviewed

Blood glucose meters give a more precise reading than reagent strips but they are unlikely to improve diabetes control on their own, concludes a report in the latest *Drug and Therapeutics Bulletin*. The devices may be useful for patients who have difficulty reading strips, for those needing more precise measurements, pregnant women, and for children. The report examined the eight blood glucose meters currently available in the UK.

At present there are no formal standards for evaluation of blood glucose meters, but the report reveals that the Department of Health intends to evaluate all new

blood glucose testing devices on the UK market.

Although none of the meters measured as accurately as laboratory tests, when used correctly the meters give figures within 15 per cent of laboratory reference methods. Most errors occur because of poor user technique. The authors recommend that patients be assessed for their ability to use the meters and followed with training and regular reviews of technique. However the report makes the point that accurate measurements alone will not result in good diabetes control; the patient must also take action based on the results.

### Newer pills — lower risk of stroke

Oral contraceptive pills of the 1990s, with lower oestrogen and progestogen doses, are associated with a substantially smaller risk of a cerebral thromboembolic attack (stroke) than the brands of the 1960s and 1970s, according to a study in the *British Medical Journal*.

The retrospective case-control study looked at 497 Danish women who had suffered a cerebral thromboembolic attack, and controls. After adjusting for age, smoking, years of schooling and trend in use of different types of oral contraceptives, pills containing 50mcg oestrogen were associated with a relative thrombotic risk of 2.9 and those containing 30-40mcg oestrogen a relative risk of 1.8. The odds ratio did not change with increasing age or with duration of contraceptive use. Progestogen only pills (minipills) did not increase the risk of stroke.

Smokers had a 50 per cent increased risk of stroke that was independent of their age and use or non-use of oral contraceptives.



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MOUTH GUARD  
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AquaFresh  
Flex

\* Nielsen 12 Months to Dec 92

**SB** **SmithKline Beecham** *An Authority in Oral Hygiene*



# Counterpoints

## Pickles protect with Babe-E and Mijex

Babe-E Cream, from J. Pickles, is a new dry skin cream for babies which is designed to fill a niche in the OTC baby care market.

For use as a moisturiser, soother, healer, barrier cream and a preventative cream, Babe-E contains aloe vera for soothing and healing, and silicone fluid to keep natural moistures in and wetness out. Lanesta GR helps the cream to adhere to the skin, enhancing the barrier effect.

The cream comes in a 50g tube and costs £1.40.

Mijex Insect Repellent has also been relaunched in bright, new packaging across the range, with new formulations and product expansions.

A new gel, with 20 per cent DEET, is designed to give a modern, stable product which is less greasy than the cream it replaces. It costs £1.85.

Also new is a roll-on version with 60 per cent DEET. It costs £3.10.

The spray variant now contains 50 per cent of DEET for better protection.

The range has a new perfume, masculine lime, and new eye-catching livery. J. Pickles & Sons. Tel: 0423 867314.



## Poster first for Tampax

Tambrands have launched the first ever national poster campaign in the sanitary protection market.

A two week campaign, lasting until the end of April, will run on 250 sites, covering 30 per cent of the country, giving an opportunity to view at least 8.3 times.

The campaign will complement Tampax's on-going advertising support for the brand, worth a total £7 million this year in the UK and Ireland, says the company. Tambrands Ltd. Tel: 0705 474141.

## Healthlife gives nails and hair a boost

Healthlife have developed a new Hair and Nailcare formula, designed to provide the balanced amount of essential vitamins and minerals for healthy hair and nails.

Each one-a-day capsule contains ten vitamins and five minerals. They are ideal for those who miss out on a sensible diet.

Blister-packed in 30s, the Hair and Nailcare formula comes in cases of

12, in a dispenser for in-store or window display, says Healthlife.

Point-of-sale leaflets, explaining the do's and don'ts of looking after hair and nails, are also provided at the front of the dispenser.

Hair and Nailcare formula retails at £2.99 for a months supply, with a trade price of £20.36 for a case of 12. Healthlife Ltd. Tel: 0274 595021.

## New lubricating jelly

Sutherland Health have launched a new lubricating jelly.

The product is transparent, water soluble and non greasy. It is recommended for use with condoms and tampons and

for women who suffer from vaginal dryness.

The lubricating jelly comes in packs of six 5g sachets (£1.99) and 42g tubes (£1.65). Sutherland Health. Tel: 0635 874488.

## New campaign boosts Pearl Drops 1+1

Pearl Drops Smokers 1+1 Mouthwash is to benefit from a £1 million television advertising campaign.

On air from April 19 in London, Southern, Midlands and Ulster regions, the campaign will feature Pearl Drops Smokers 1+1 Toothpaste and the Pearl Drops Smokers 1+1 Mouthwash.

The 30 second advertisement will feature a man whistling, passing under a smoke alarm which goes off due to the smoke from his breath.

The new campaign coincides with other activity in pharmacies designed to give consumers real added value with price promotions and trial size bottles, says the company.

Other promotional activity includes sampling in national magazines and regional newspapers.

Carter Wallace Ltd. Tel: 0303 850661.



## Shockwaves: colour coded and clarified

Wella have relaunched Shockwaves with improved design, formulations, packaging and four new products, which they say adds up to a truly effective and versatile range of unisex, styling products specifically targeted at the "image conscious", aspirational teenager.

They aim to retain their core users (12 to 20 year old males and females) but extend the target age to retain the users for a longer period of time.

Wella have aimed to clarify consumer confusion in the styling market by colour coding the Shockwaves packaging to correspond with the level of hold supplied by the product:

- Ultra Strong Hold — purple (three stripes)
- Strong Hold — aqua (two stripes)
- Regular Hold — pink (one stripe)
- Special Finishes — yellow (eclipse).

The four new products are: Hair Styling Gum

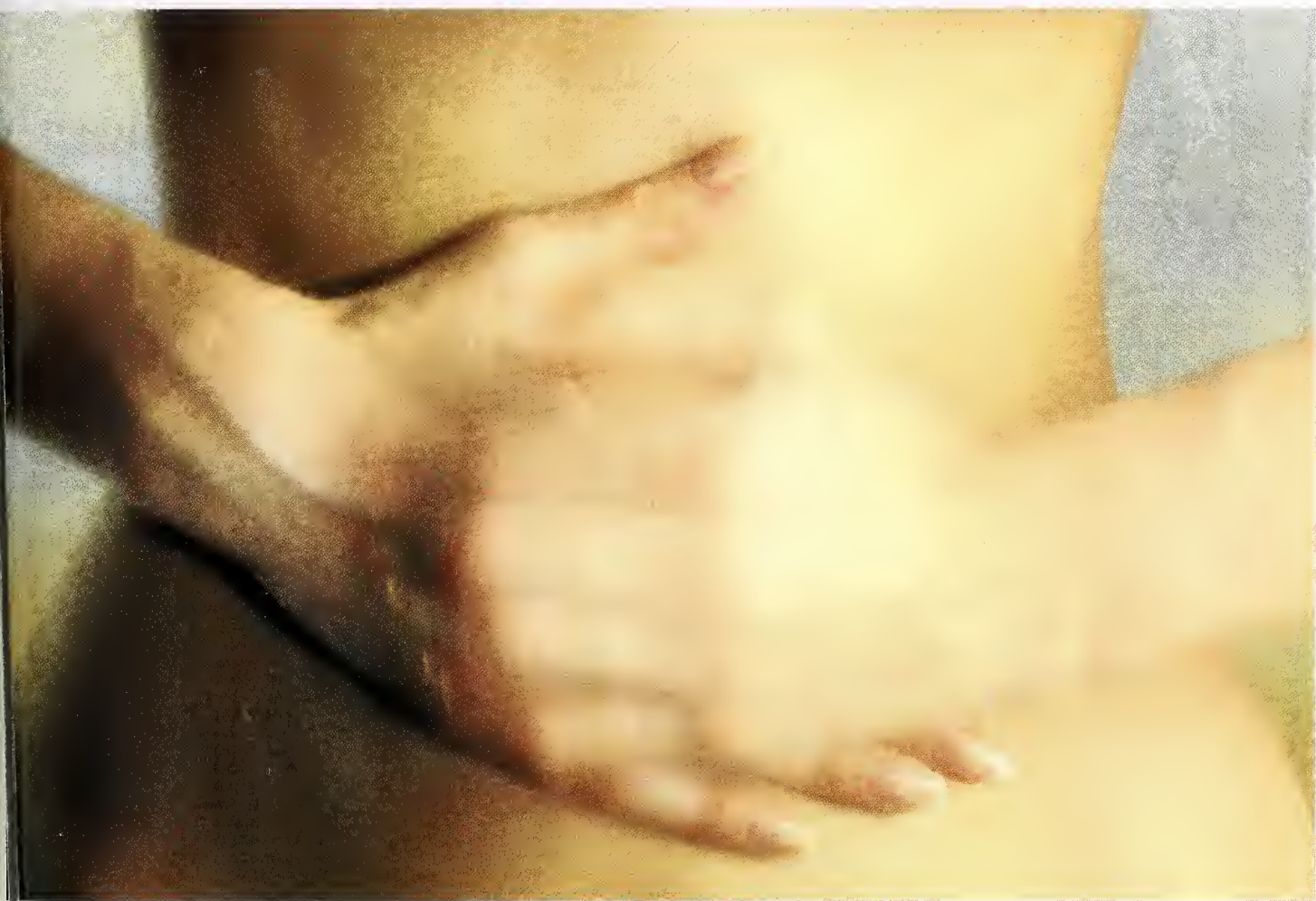
(yellow) which adds volume and texture, giving a non-greasy shine (50ml £2.95); Shape 'N Shine Creme Gel (yellow) which contains conditioning ingredients to protect hair against damage caused by heated styling appliances, and is non-greasy, non-sticky and non-flaky (150ml £2.59); Foaming Whip (yellow), both a styling and finishing product, it is resin-free and delivers shine and control (200ml £2.89); and Big Volume Mousse (aqua) gives volume and condition to hair, with no risk of overloading or build up as it is resin-free (200ml £2.69).

The products also have "straight talking" on pack product descriptions and directions for use on the back of the pack.

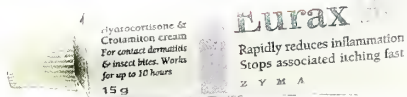
The company will be supporting the relaunch with a £3 million advertising spend, covering television, cinema and Press. Wella. Tel: 0256 20202.



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Eurax Hc is the only OTC hydrocortisone cream  
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dual-action formulation not only reduces  
inflammation, but provides speedy  
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AC AD Sid INGREDIENTS: Eurax Hc contains Crotamiton BP 10% and Hydrocortisone BP 0.25%. Indications: Relief of inflammation and pruritus associated with irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. DOSAGE AND  
TRATION: Adults and children over 10 years: Apply sparingly over a small area twice a day for a maximum period of 1 week. Occlusive dressings should not be used. Not recommended for children under 10 years. Contra Indications: Hypersensitivity  
component of the formulation. Bacterial, viral or fungal infections of the skin. Acute exudative dermatoses. Application to ulcerated areas. Use on the eyes/face, ano-genital region, broken or infected skin including cold sores, acne and athletes foot  
cts: Occasionally at the site of application signs of irritation such as a burning sensation, itching, contact dermatitis/contact allergy may occur. Use in pregnancy and lactation: Use in pregnancy or lactation should only be at the doctor's discretion.  
LEGAL CATEGORY: P. PRODUCT LICENCE NUMBER: D001/SD10R. PRODUCT LICENCE HOLDER: Zyma Healthcare, Holmwood, RH5 4NU. DATE OF PREPARATION January 1993. PRICE: £2.40.



# Summer essentials — the skin care factor

**With thoughts of Summer holidays already on the mind — and, who knows, maybe even home-grown hot weather — this is the one time of year that people suddenly start to get serious about their bodies, and in particular about their skin. Pond's take a look at how best to look after skin, the largest organ in the body.**

It's easy to neglect skin when it's buried under several layers of Winter woollens, and in no danger of being exposed to the elements. In the meantime, however, the skin becomes dry and flaky and far from its healthy best.

But when warmer weather comes, it's a different story, and the legacy of months of neglect sends customers rushing out for an effective moisturiser that will make their skin feel and look better.

Of course, not just any body moisturiser will do. While the trend for all-over moisturising may be relatively new, customers today have a clearer idea of what they want, and which products genuinely do what they claim.

Few pharmacists can fail to have noticed that there has been a huge change in recent years in the way people look after their skin.

Women, in particular, are taking their beauty routines very seriously: the total skin care market is worth £238 million.

Customers are aware that they must take greater than ever care of their skin, to protect it against both natural and man-made onslaughts: drying winds and scorching sun as well as clogging pollution. And women now want to be sure that their moisturiser is not only effective, but is as simple and natural as possible.

## Body work

This concern for the skin used to be confined to the face, but when Summer comes, the whole body comes under scrutiny. And rightly so: problem areas such as legs, elbows and shoulders are particularly prone to dryness.

Today, the same strict criteria for facial moisturisers are applied to the new body moisturisers, too. And experience has shown that customers prefer a name they know they can trust, a name that is synonymous with skin care.

Perhaps it's not surprising

then, that one of the most popular body moisturisers is that with the most famous moisturising name of all: Pond's.

In fact, Pond's is the third largest branded body moisturiser in the self-selection sector.

## Pond's variants

Pond's offers two variants in their body care range: Pond's Cream and Cocoa Butter Lotion, and the more recently launched Pond's Natural Aloe Vera Revitalising Body Lotion. Both have proved highly popular

with customers.

In 1992, Pond's Tropical brands had a 9.6 per cent market value share (AGB Superpanel), and year on year growth for the brands is 27 per cent.

The moisturisers are clearly answering a need among customers, with their emphasis on effective, yet natural, moisturising at an affordable price.

Cocoa butter has been known for centuries as an emollient that improves the texture of the skin. It moisturises and conditions even the driest







areas, to leave them feeling soft.

Pond's Cream and Cocoa Butter goes one step further, by combining cocoa butter with Pond's moisturisers. The result is a lotion proven to be a highly effective moisturising formulation.

But Pond's Cream and Cocoa Butter isn't just effective, it is also a pleasure to use.

As the "original cocoa butter lotion", it is a rich, creamy preparation, deliciously fragranced with the tropical scent of cocoa butter to give a wonderful sensation of pampering the moment it is applied. Its deep moisturising properties conjure up images of exotic beauty secrets.

Pond's Natural Aloe Vera utilises "nature's miracle gel", derived from the tropical plant that has become famous for its remarkable healing properties. Pond's have combined the beneficial properties of Aloe Vera with effective moisturisers, to create a formulation which replenishes and revitalises, leaving skin feeling smooth, soft and refreshed.

### **Affordable skincare**

Both products are a wonderful way to look after the skin and feel pampered at the same time.

And with customers less willing (or able) to pay inflated prices for the components of their beauty routine, the Pond's range clearly fits the bill.

Both variants — original Cream and Cocoa Butter and Aloe Vera — are available in a 250ml Lotion (around £2.39 retail) and a 150ml Cream (around £2.09 retail). Cream and Cocoa Butter is also available as a 500ml Lotion (around £3.85 retail).

Moreover, both are timely products to have on the shelves. With their proven moisturising properties, they are obvious choices for customers to take on forthcoming Summer holidays.

Everyone is particularly aware of the harmful effects of the sun these days, so a soothing after-sun lotion is an essential ingredient to a sensible holiday skin care regime.

### **The family name**

With the Pond's name behind it, Natural Aloe Vera Lotion already represents 20 per cent of brand sales, and to widen knowledge of the product even further in the Summer months ahead, there will be a major PR campaign.

This will include sachet sampling to the tune of one million sachets, including sampling through a major holiday company.

With Pond's Cream and Cocoa Butter already well established as a favourite moisturiser for all-over use, and the profile of Pond's Natural Aloe Vera set to be raised even higher, both products are clearly going to be an essential item in every beach-bag.

Trade contact: Elida Gibbs. Tel: 071 486 1200.



## Lynx joins Hollywood heros in movie deal

The Lynx male fragrance brand is sponsoring a television season of Hollywood adventure movies.

Young Guns, Someone To Watch Over Me, No Mercy, Colour of Money, and Homeboy will be among the titles screened in the "Saturday Night Adventure" series which begins on May 1.

Simon Lowden of Elida Gibbs, who developed the sponsorship, says the films were chosen to reflect the Lynx image.

"This is the first time a

themed film season on TV has been sponsored. We are extremely excited to be at the forefront of this initiative and expect it to greatly benefit the brand. The sponsorship package will raise awareness of Lynx and will have a high impact among our target audience.

"Finding new ways to communicate with the young male audience is essential. This sponsorship package will keep Lynx at the leading edge of male advertising." **Elida Gibbs Ltd. Tel: 071-486 1200.**

## Pharmacies lose out to multiples in babycare market

Pharmacies suffered last year from aggressive price promotion on nappies by key multiples, which led to lost sales in many babycare categories.

But pharmacists will be partially compensated in the future by the proposed change in their status under the EC Directive on infant formulas, by the transfer of milks business from clinics and by the sale of pre-term formulas exclusively through pharmacies.

These are among the conclusions of Farley's

Market Report 1993, which for the first time examines baby consumables outside baby feeding — disposable nappies, baby wipes and other toiletries. The market as a whole grew 4.4 per cent to reach £850.4 million in 1992.

Grocers accounted for 48.3 per cent, Boots 23.2 per cent and other chemists 13.6 per cent. The largest product sector was disposable nappies (53.3 per cent), followed by foods (13.4 per cent) and milks (12.7 per cent).

Infant formulas grew 4

per cent to £122.7m, but declined 1.4 per cent in volume terms. Grocers account for 39 per cent in value, a 29 per cent increase year-on-year. Boots retained the same position (23 per cent) while other chemists and drug stores lost 5 per cent and clinics 22 per cent. But the report suggests that the transfer of the milks token franchise to pharmacies will help these outlets to regain share.

The most buoyant sector of the milks market was follow-ons which grew nearly 46 per cent in value and now represent 5.7 per cent of the market.

The total baby meals market grew slightly (2.7 per cent) to £113.5m. Within that, dry meals grew 6 per cent to £49.3m but declined 2.6 per cent in volume, while wet meals declined 3.3 per cent in value (£64.2m) and 9.5 per cent in volume.

Boots gained 23.2 per cent in dry meals and 1.5 per cent in wet meals, although other chemists and drug stores lost 8.5 and 17.7 per cent respectively.

FSA and Nielsen figures suggest that Milupa are still the major players in dry meals (41.8 per cent) but lost share slightly. Farley's grew to 30.6 per cent while Robinson's declined to 17.9 per cent. In wet meals, Heinz remained static with just over half the market, while Cow & Gate lost slightly (42.9 per cent). Boots grew to 6 per cent with the Mother's Recipe range.

More mothers made their own food for their babies last year, says the report, but this was offset by a greater spend on premium products and the use of manufactured foods until the babies were older.

Drinks increased by 3.5 per cent (£22.5m) but declined 9.3 per cent in volume. This was due to lack of innovation, a wet Summer and the recession rather than media criticism of baby drinks, Farley's believe. They suggest that in the long term the market will move towards milk-based drinks and away from water-based juices.

The report predicts that the total baby products market will increase by 5 per cent in 1993 with the most significant growth in follow-on milks and dry foods. **Crookes Healthcare Ltd. Tel: 0602 507431.**

# Thousands Of Regular Customers



One of the best selling products through health food stores is a small fruit cube called Ortisan. Made with a combination of figs, senna pods, molasses and a touch of orange extract, it's a gentle but effective way of overcoming the laziest of digestive systems.

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Seton Healthcare Group plc,  
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England. Telephone: 061-652 2222

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# Pure & Simple range extended

The Pure & Simple range has been extended with the addition of eye make-up remover and a new look toner.

Pure & Simple eye make-up remover will remove all traces of make-up gently and effectively, says the company. It contains a "non-drag" formulation and eye lash conditioning ingredient and is non-greasy. It retails at £2.49 (100ml).

The toner has been repackaged in a similar bottle to the eye make-up remover, and now retails at £2.89 (200ml).  
**Smithkline Beecham Consumer Brands. Tel: 081-560 5151.**



## Baby Fresh protects against nappy rash

Baby Fresh with Ultra Guard is a new babywipe from Scott which claims to prevent nappy rash.

Following eight years of research, the new wipe uses microscopic sponge technology to deliver a skin protectant formula, a water repellent called dimethicone, which is said to protect against

irritation. The protectant, which is held in the fibres of the wipe, is released when gentle pressure is applied during use.

The new wipes will sell at £3.45 for a pack of 84.

Baby Fresh will be backed by a £2 million advertising and promotional campaign.  
**Scott. Tel: 0342 327191.**

## Arrid Extra Dry gets For Men roll-on

The Arrid Extra Dry range has been joined by a For Men roll-on variant.

Retailing at £0.75, it was introduced after the brand saw increased sales of seven per cent last year.

The Arrid range will be supported over the Summer with a £1 million television and Press advertising campaign.

**Carter-Wallace. Tel: 0303 850661.**



Marion Merrell Dow's antihistamine brands Triludan, Triludan Forte and Seldane have been repackaged. The Triludan and Triludan Forte packs are now blue and red, making it easier to distinguish the two. More information is given on pack. Seldane now has more contemporary looking packaging, with stronger branding. Marion Merrell Dow. Tel: 081-848 3456

## Becton's diabetes guide for travellers

Becton Dickinson have produced a guide to travelling with diabetes.

The booklet looks at areas of concern to diabetics such as storage of insulin while travelling, vaccinations, diet, customs regulations, what to do in case of illness and liaison with diabetes care teams in the UK. "Travelling with Diabetes" is available from **Becton Dickinson. Tel: 0865 748844.**

## The Spirit of Boss unleashed

Boss Spirit is the latest male fragrance to join the Hugo Boss brand.

Described as a "bold and seductive" fragrance, top notes include grapefruit, tangerine, bergamot and lime, contrasted with base notes of oakmoss, patchouli and spices.

Boss Spirit is available as: eau de toilette flacon (50ml £23; 100ml £35); eau de toilette spray (50ml £24.50; 100ml £37); aftershave (50ml £19; 100ml £28); aftershave gel (50ml £22); aftershave cream (75ml £17); bath soap (150g £12); shower gel (200ml £15); deodorant spray (150ml £13); deodorant stick (75g £12).  
**Procter & Gamble Ltd. Tel: 081-568 4333.**

## On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

<b>Casting:</b>	All areas except U
<b>Cream Silk:</b>	All areas except U, CTV, LWT
<b>Gillette Series:</b>	All areas except STV, GMTV
<b>Hofels garlic pears:</b>	G, TT, Y
<b>Impulse shower gel:</b>	All areas except U, CTV, LWT
<b>Jaaps Health Salts:</b>	STV, G
<b>Nicorette patch and gum:</b>	All areas
<b>Nicotinell patch:</b>	All areas
<b>Once Multi-Styler:</b>	C4, BskyB
<b>Oxy:</b>	All areas
<b>Pears Pure Body Care:</b>	All areas except U, CTV, LWT
<b>Peaudouce:</b>	C4, GMTV
<b>Plax:</b>	All areas
<b>Plenitude Hydra-Renewal:</b>	All areas except U
<b>Rennie:</b>	STV, B, C, C4
<b>Remegel</b>	All areas
<b>Sure Sensitive:</b>	All areas except U, CTV, LWT
<b>Synergie Bio-Contour eye gel:</b>	All areas except U
<b>Timotei Honey:</b>	All areas except U, CTV, LWT
<b>Ultra Togs:</b>	C4, GMTV
<b>Widsom Reflex:</b>	GMTV, C4

## Unichem spring savers

Unichem have launched a Spring saver promotion with trade discounts of up to 17.5 per cent on own brand baby care and toiletry lines.

To qualify, customers must make up a minimum order of 25 cases of own brand lines from over 100 available. They are then eligible for either a 17.5 per cent discount, or they can opt for a 10 per cent discount and choose from a range of free gifts.

Order forms need to be completed by April 30 to qualify.

An own brand multi-buy promotion offering 33.3 per cent discount on cases of 1 litre foam bath is also available. Six packs in Peach Delight, Mountain Herb or Tropical Coconut are on offer at £2.80.

Consumers who buy two bottles of 1 litre foam bath will get one free. The *Daily Express* will be advertising this offer to consumers in the first week of May. Shelf strips are available for pharmacy POS. The offer runs until May 31.

**Unichem plc. Tel: 081-391 2323.**

## Travel Well with AAH offer

AAH Pharmaceuticals are running their Travel Well '93 promotion for pharmacists, which ends on April 30.

The company has teamed up with manufacturers to provide a range of offers and prizes. The promotion brochure gives details of deals on Summer holiday products.

Pharmacists who take advantage of the offers also have the chance to win one of the prizes in the Travel Well Word Search competition.

First prize is a 14-night holiday for two adults and two children based at the Holiday Inn in Orlando. It includes trips to Sea World and River Country plus a four day "passport" to Disneyworld.

There are ten second prizes of £100 Marks and Spencer vouchers and ten third prizes of £50 M&S vouchers.

Pharmacists who opt for the Ambre Solaire offer could win one of three camcorders. For details contact Suzanne Dare at **AAH Pharmaceuticals. Tel: 0928 717070.**



To view the  
No.1 female deodorant,  
move closer...



The growth in the deodorant market is being driven by the trend towards male and female specific brands and an upsurge in roll-on sales.

Soft & Gentle is the undisputed brand leader in the female anti-perspirant deodorant market with sales in 1992 up 8% for aerosols and a massive 19% for roll-ons.

All good reasons why you can stock it with confidence.

For further information call  
Michael Bealing, chemist  
development manager Colgate-  
Palmolive on 0483 464649



# Eyes down for... t

The Mystery Shopper is back... with this year's

contenders for the

**£5000  
JACKPOT CASH  
PRIZE!**

Brought to you by  
**Crookes Healthcare:**  
makers of  
**Karvol and Strepsils**



## DISPLAY FEVER!

The Mystery Shopper came back this year due to popular demand and has been touring the country over the past ten weeks in search of the lucky winners who will be put forward for the grand prize draw...the Pharmacists listed have already been awarded £75 for featuring two display units, containing top selling Coldcare brands Strepsils and Karvol, and also a window display unit. They now have the chance to win the jackpot of £5,000!

The scheme, which ran during this year's Coldcare season, has once again proved to be an excellent and attractive way to boost sales according to Andrew Portsmouth, Senior Brand Manager at Crookes Healthcare

"We've broken last year's record with an overwhelming response to Mystery Shopper 3 as Pharmacists up and down the country put coldcare brands Strepsils and Karvol on display to win money and boost sales".

Last year's delighted winner, Mary Hulse commented "I am always delighted to display Crookes Healthcare products, they sell so well in independent pharmacy".

She continued "the prize came as a complete shock to me - I thought it was a late April fool".

## CALLING ALL PRIZEWINNERS

- |  |  |   |
|--|--|---|
| ❑ Mrs. Donachie, R.W. McConnell, Hurlford, Ayrshire          | ❑ Mr. M. Dayo, Medway Pharmacy, Perivale, Middlesex        | ❑ C P Patel, The Village, Charlton                                  |
| ❑ Mr. S. E. Gill, The Pharmacist, Cleodan, Sunderland        | ❑ Mr. P. Davis, Bookham Pharmacy, Great Bookham, Surrey    | ❑ B J McGroth, Glen Road, Andersontown, Co Antrim                   |
| ❑ Mr. P. Metcalfe, Finsbury Pharmacy, Blackpool              | ❑ J. Malde, Kanori Ltd., Fulham Road, London               | ❑ R M Baird, Mid Street, Fraserburgh, Aberdeenshire                 |
| ❑ Mrs. E. McConnell, J. D. Gallagher, Cheadle, Cheshire      | ❑ Mr. M. J. Mistry, Trinity Road, Sheerness, Kent          | ❑ G Patel, Bobbin Pharmacy, King Street, Aberdeen                   |
| ❑ Mr. B. Nijjar, Langboon Pharmacy, Rusholme, Manchester     | ❑ P. A. Longford, Ferris Chemist, Headcorn, Ashford, Kent  | ❑ D Gillespie, Parkinson of Paisley, Neilson Road, Renfrewshire     |
| ❑ W. G. Chapman, Charles Fox Ltd., Leeds                     | ❑ Mr. Patel, Perfucare Pharmacy, Sydenham, London          | ❑ D Little, Whiteleas, South Shields                                |
| ❑ Mr. Kleiman, Spen Lane Pharmacy, Leeds                     | ❑ Mr. V. Patel, Vantage Chemist, Coffard, London           | ❑ Miss Mow, Henry and Hill, Wickham, Newcastle upon Tyne            |
| ❑ Mr. D. H. Cook, Assoc. Birkenhead Chemists                 | ❑ Mr. C. Gosroni, Green Cross Ltd., Fore Street, London    | ❑ Mr. McIvar, Stubbs Chemist, Hartlepool, Cleveland                 |
| ❑ K. Tassar, Parkem Chemists, Leicester                      | ❑ R. D. Bell, Crumlin Road, Belfast                        | ❑ H Minton, Dialstone Lane, Offerton, Stoke-on-Trent                |
| ❑ N. Cooper, Aylestone Rd., Leicester                        | ❑ M. McVeigh, J.A. McMichael Ltd., Ballycastle, Co. Antrim | ❑ S Sutcliffe, W F Downes, Altringham, Cheshire                     |
| ❑ Mr. F. J. Hind, Parade Pharmacy, Leicester                 | ❑ W. Moffett Ltd., Coleraine, Co. Londonderry              | ❑ S J Rycroft, Lewis and Roberts, Ruddington, Nottingham            |
| ❑ C. J. Smith, Leicester                                     | ❑ Ian Gobbie, Dramara Pharmacy, Dramara, Northern Ireland  | ❑ K Suri, Corgwol Chemists, Beeston, Nottingham                     |
| ❑ Pauline Demel, Aston, Birmingham                           | ❑ D Robson, Spennymoor, Co Durham                          | ❑ M N Panchali, Laughborough Road, Leicester                        |
| ❑ Mr. B. Ashworth, Eggington Ltd, Dudley                     | ❑ T Thacker, Nash Chemist, Accrington                      | ❑ B Thompson, Sarsby, Blidworth, Monksborough, Nottingham           |
| ❑ Mrs. McLennan, Cawen & Hanshaw, Cannock                    | ❑ D Rathwell, Roughwood Chemist, Anfield, Liverpool        | ❑ S Taylor, Stockwellgate, Mansfield, Nottingham                    |
| ❑ Mr. Gravell, Llanelli, Dyfed                               | ❑ L Ward, Karsons Pharmacy, Stockport, Cheshire            | ❑ Mrs. Capstick, Upper Holway Road, Taunton, Somerset               |
| ❑ Mr. Patel, Oldway Pharmacy, Poignton                       | ❑ D Thakkar, Croakshire Ltd, Manchester                    | ❑ Mr. Zwickl, Scotts Chemist, Ilfracombe, Devon                     |
| ❑ Mr. G. Wilson, Luther Wilson Ltd., Both                    | ❑ Mr. Hall, Hepwath & Hall, Tyldesley, Manchester          | ❑ A M Pomar, Commercial Road, Newport, Gwent                        |
| ❑ Mr. C. R. Morteau, Ashcombe Pharmacy, Weston-Super-Mare    | ❑ T Bok, Winsan Chemists, Warsop, Mansfield                | ❑ Trimming Willis and Co, High Street, Alton, Hants                 |
| ❑ Mr. Gudko, S&A Pharmacy, South Harrow                      | ❑ H Roberts, Lewis & Roberts, Stapleford, Nottingham       | ❑ G Hyde, Groy and Jones, High Street, Westbury, Wilts              |
| ❑ Mr. G. Marshall, Northlands Pharmacy, Haywards Heath       | ❑ J C Wootton, Rhymney, Gwent                              | ❑ K C Patel, Bleep Chemist, Blechley, Milton Keynes                 |
| ❑ Mr. Stone, Westwood Ave, Lowestoft                         | ❑ R Songhani, Fairwater, Cardiff                           | ❑ T Reynolds, D G Hayden Chemist, Lowestoft, Suffolk                |
| ❑ P. J. Mortel, Poddack Wood, Tonbridge                      | ❑ A Blagg, Grosmere Way, Cowplain                          | ❑ S E Craig, Main Street, Cullybackey, Co Antrim                    |
| ❑ D. J. Speed, The Square, Mynydd Isa, Mold                  | ❑ T Patel, Capnar Road, Partsmouth                         | ❑ J Hutchinson, Smiths Chemist, Connswater Shopping Centre, Belfast |
| ❑ A. Berry Ltd., Severn Chemist, Leicester                   | ❑ Mr. Badiani, Bushey Pharmacy, Watford                    | ❑ Mrs. Campbell, Buchanan and Campbell, Great Western Rd, Glasgow   |
| ❑ Bhavno Mistry, Aberdale Pharmacy, Leicester                | ❑ J S Gujral, Church Road, Burgess Hill                    | ❑ D Forrell, J Stewart Chemist, Duke Street, Glasgow                |
| ❑ Mr. Everitt, The Pharmacy, Castle Gresley, Burton-on-Trent | ❑ B Foster, High Street, Halbeach, Lincs                   | ❑ J G Palin, Staindish, Wigan, Lancs                                |
| ❑ Mr. Wheeler, Williams and Wheeler Ltd, Talbot, Port Talbot | ❑ P Watson, J H Evans, Cherry Hinton, Cambridge            |   |
| ❑ J. Dicomidis, Pears Chemist, Gurnos, Merthyr Tydfil        | ❑ Mrs. Mistry, Ley Street, Ilford                          |   |
| ❑ Mr. Broce, AR & MCM Broce, Dawlish, Devon                  | ❑ Mr. Patel, Ackers Chemist, Swonscombe, Kent              |   |
| ❑ Mr. B. M. Hawkins, Elm Tree Pharmacy, Radstock, Bath       | ❑ J Tharnton, G W S Dowie, Bromley, Kent                   |   |
| ❑ Miss Rodrigues, North Road Pharmacy, Moindy, Cardiff       |  |   |
| ❑ Salim Patel, MERCHANT Pharmacy, Gloucester                 |  |   |





# e big cash draw!!!

Ernasco Ltd, Pollockshields Pharmacy,  
Albert Drive, Glasgow  
Mr Saleem, Knotty Ash, Liverpool  
A C Beardsley, Jardines Ltd, Beeston,  
Nottingham  
G Birch, Tettenhall Wood Pharmacy,  
School Road, Wolverhampton  
E Rawstron, High Street, Bideford, Devon  
Ram Dispensing Chemist,  
Beaumaris Parade, Frimley  
N Farrell, C N Pharmacy,  
Hinkley Road, Walsgrave, Coventry  
Miss Master, Little Oxhey Lane, Watford  
Mr Suji, Shoreham Pharmacy,  
Broadgate Barton, Crawley  
S C Patel, Jade's Pharmacy,  
Northgate, Crawley, Sussex  
Mr Ladve, Kumar Chemists,  
Rectory Terrace, Cherry Hinton

Salim Patel, Marchant Pharmacy,  
Barton Street, Gloucester  
G C & E M Ivens, Tachbrook Street,  
Leamington Spa  
Mr Chauham, Greens Pharmacy,  
Shoreham, Sussex  
Mr Tanna, Cullingham Ltd,  
Mitcham, Surrey  
Mr Patel, Karlsons,  
Westcliffe on Sea, Essex  
Mr Farman, Brookes Chemist,  
High Rd, Woodford Green, London  
Medimpal Ltd, Davis Pharmacy,  
Crossthwaite Avenue, Camberwell  
Mr Patel, Ladywell Chemist,  
Lewisham, London  
Mr Patel, Streatham Hill, London  
D Hirshman, Dryblend Ltd, Ainsdale,  
Southport

P Parekh, Dallas Chemist,  
Faulsworth, Manchester  
J S Wright, Fishergate Pharmacy,  
Fulford Road, York  
J T Kitchen, Chadwick Street, Moreton, Wirral  
G Priest, Britters Pharmacy,  
Lang Eaton, Nottingham  
M Patel, Frinton Rose Ltd,  
Evington Road, Leicester  
S Patel, Park Road, Loughborough, Leicester  
S Patel, Belgrave Road, Leicester  
S Nicholls, H Buckingham and Sons,  
Harborne, Birmingham  
J Nicholls, Nechells Park Road, Nechells,  
Birmingham  
Mr Shareef, Coventry Road, Yardley,  
Birmingham  
Mr Patel, Oldway Pharmacy, Paignton,  
Devon

A R Elliott, Arnald Scrine Ltd,  
Bradford upon Avon, Wiltshire  
P D Watson, Millards Chemist, Shanklin,  
Isle of Wight, Hants  
Mr Gidar, Pick Up Chemist,  
Calharbour Lane, Hayes  
E Mawani, Graham Avenue, Portslade,  
Sussex  
R Ouantrill, Kings Pharmacy, High Street,  
Watton, Norfolk  
Mr Devlukia, Norwich Road, Norwich  
C P D Chauhan, Carlton Pharmacy,  
Orpington, Kent  
P Lakhani, H M Odell, Gorton Road,  
Reddish, Stockport  
D Kelly, H G Pilling Ltd, Swinton,  
Manchester  
J Willett, A D Sweetenham, Bebington,  
Wirral  
E Shelton, Westdale Lane, Gedling,  
Nottingham  
R J Gandy, H G Bird Chemist Ltd,  
Radford Blvd, Nottingham  
Mr Shah, Springfield Pharmacy, Sparkhill,  
Birmingham  
D J Thomas, Pembroke Dock, Dyfed  
Mrs Brown, Wellsway Pharmacy,  
Hayes Place, Bath  
D Jones, Dilwyn Jones Chemists,  
Crosskeys, Newport  
J S Shukla, Aldborough Road South,  
Ilford, Essex  
E W Beale, The Pharmacy, Marden,  
Tonbridge, Kent  
J D Patel, Kingsman Parade, Woolwich,  
London  
H and F Murphy, Spencer Road, Waterside,  
Londonderry  
A Crossin, A Murphy, Antrim Road, Belfast



G Anilwalia, City Pharmacy,  
Church Road, Welwyn Garden City  
M B Mandara, Archer Chemists,  
Pin Green, Stevenage  
S J Nicholls, R H Ferris Ltd, Dymchurch, Kent  
P J Martel, Paddock Wood, Tonbridge, Kent  
T Dundee, Glengarnley, Newtonabbey  
Mr L O'Kane, High Street, Draperstown  
L Grimley, Village Pharmacy,  
Shantallow Centre, Londonderry  
F Murray, Cross Gar Pharmacy,  
Killyleach Street, Cross Gar  
Thomas Lee, Church Street,  
Portadown, Co Armagh  
D Anderson, Parliament Street,  
Isle of Man  
Mr Harrison, Main Road, Onchan,  
Isle of Man  
Mrs Sweetman, Dale and Teiger,  
New Brighton, Merseyside  
L F Eagling Ltd, Market Pharmacy,  
Shirebrook, Mansfield, Notts  
Mrs Cooper, Tilton Road, Hinckley,  
Leicester  
Mr Chu, Evergreen Pharmacy,  
Bordesley Green, Birmingham  
Mr Ryan, Royston Hall, Northfield,  
Birmingham  
Mr Llewellyn, Holton Road, Barry,  
Glamorgan  
Mr Boyle, Fore Street, Mevagissey, Cornwall  
P Wilson, Trimming Willis,  
armcombe, Godalming

J Wood, Acklam and Wood,  
Oldham, Lancs  
D P Evans, Connahs Quay, Clwyd  
Mr Mason, London Road, Sheffield  
H Roberts, Lewis and Roberts Ltd,  
Stapleford, Nottingham  
M C Turner, Oakwood Pharmacy,  
Woodhouse Eaves, Loughborough  
L I E Piddubriwyl, West Bridgetford,  
Nottingham  
Mr Stevenson, High Street, Cheslyn Hay,  
Walsall  
J Whitmore, Oxley Pharmacy,  
Low Hill, Wolverhampton  
Mr Jones, Evan Jones, Llanelli, Dyfed  
B Hams, J S Pharmacy, Fairwater, Cardiff  
Mr Walker, Philip Harris  
Medical Ltd, Prestbury, Cheltenham  
Mr Chawik, Oldfields Pharmacy,  
Northolt, Middlesex  
J Malde, Kanari Ltd, Fulham Road, London  
J Patel, Bridge Pharmacy, Woodford Green,  
Essex  
B Patel, A S Gahir, Streatham Road, London  
H K P Shah, Healthfare Ltd,  
Southbury Road, Enfield  
H K P Shah, Healthfare Ltd,  
Green Lanes, London  
K J Shah, Cross Chemist,  
Lardship Lane, London  
M Hill, Market Street, Tadmlee,  
Northern Ireland

G Jones, The Broadway, Lambourn, Berks  
Mr Hambrey, Barbourne Pharmacy,  
Barbourne Rd, Worcester  
Mrs Gudka, Western Road, Brighton,  
Sussex  
K Bull, J Ailsby Chemist, Whittlesey, Cambs  
Mr Patel, Mulberry Way, London  
R Bhadrasha, Medirex, Lambeth, London  
E Scott, R Scott Pharmacy Ltd,  
Stranmills Road, Belfast  
H Booth, Gordon and Barr,  
St Cuthberts Street, Kirkcudbright  
Mr Elman, Roughwood Chemist,  
Birley Wood, Skelmersdale  
R Mehta, J Butterworth Chemist,  
Stockport Road, Lancs  
Mr Carr, Norman Hirst Ltd, North Parkway,  
Seacroft, Leeds  
S K Lam, Haven Chemist, Balls Road,  
Oxton, Birkenhead  
T W J Mattock, Fosse Road North, Leicester  
R Virji, R and R Pharmacy, Ladywood,  
Birmingham

**"Thank you for supporting  
Strepsils and Karvol over the  
winter period. The Mystery  
Shopper promotion has been  
an outstanding success. It  
boosted sales of our leading  
coldcare brands and  
supported your sales.  
Upweighted in-store displays  
have also been rewarded  
with cash prizes into the  
bargain"**

**Andrew Portsmouth  
Senior Product Manager  
Crookes Healthcare.**

## MYSTERY SHOPPER





# Important Announcement

## Product Withdrawal

Norgine Ltd has had to temporarily defer its plans to market UNIGAM (gamolenic acid provided by evening primrose oil) as a result of legal action brought about by Scotia Pharmaceuticals Ltd against the Department of Health/Norgine Ltd.

We therefore regret to inform you that the product is now being withdrawn from wholesalers and we apologise for the inconvenience this will cause.

UNIGAM was to be the first dual indication gamolenic acid product licensed for both mastalgia and atopic eczema.

The significance to doctors of the introduction of UNIGAM was twofold. Firstly, they could prescribe a single product for both mastalgia and atopic eczema. Secondly, that at a basic NHS price of £17.50 for a pack of 240 capsules, the cost savings provided by UNIGAM of at least 30% compared to other brands, meant doctors could offer the benefits of gamolenic acid to more patients for the same cost.

Scotia who applied for interim relief to prevent Norgine making UNIGAM available is pursuing further action against the Department of Health which is scheduled for adjudication in July.

### PUBLIC SAFETY IS NOT AN ISSUE

Both the Department of Health and the Court made it clear that there is NO issue of public safety.

Further information regarding this temporary product withdrawal, is available.



Norgine Limited, 116-120 London Road,  
Headington, Oxford OX3 9BA

## Summer offer from Vanderbilt

Purchasers of the Vanderbilt range in May and June may qualify for two promotional gifts.

A free signature weekend bag will be given away with every purchase of a 50ml Vanderbilt Eau de Parfum at the special price of £24.95 (normally £28.95).

Every purchaser of a 25ml Eau de Parfum spray (£19.75) will receive a free duffle bag.

The perfume will also be supported by a £110,000 Press advertising campaign targeted at major women's magazines, during these months while, in addition, from April through to July, Eau de Vanderbilt will be available at a special promotional price of £9.95, highlighted in special POS presenters. **Parfums Vanderbilt. Tel: 071-937 5454.**

## Givenchy Gentleman gains shampoo

New to the Givenchy Gentleman range is an All-over Shampoo, a rich liquid gel enriched with ginseng and algo-marine extracts.

Designed for use on the skin and hair, the gel is designed to cleanse without dryness and is ideal for frequent use.

The All-over shampoo is presented in a 150ml tube, decorated with the colours of the Givenchy Gentleman bath line of black, white and silver. The tube is opened by means of a dispenser cap for ease of use.

Available from June 7, Gentleman Givenchy All-over Shampoo will be priced at £12.50. **Parfums Givenchy Ltd. Tel: 0932 245111.**

### Free nappies

Peaudouce are repeating their "leak-free" trial promotion. The campaign will appear in magazines, aimed at women with children aged 0-3 years, and offers a free trial pack with four nappies and a £0.75 money off coupon. **Peaudouce. Tel: 0952 680044.**

### Woodland fruits

The Glade portfolio has been extended with the addition of Woodland Fruits carpet and room freshener in peach and briar rose fragrance. The Glade range will be supported by a £300,000 Press campaign, which includes a cash-back offer. **SC Johnson. Tel: 0276 63456.**

### Diamonds gift

From May 1, purchasers of Elizabeth Taylor's White Diamonds 50ml EDT spray will be eligible for a gold cofret which is packed with: 3.7ml Parfum Replica; Eau de Toilette spray 30ml; Body Lotion 50ml; and Bath and Shower Gel 50ml.

The offer is available at participating stores while stocks last. **Elizabeth Arden. Tel: 071-224 1213.**

### Sun protection

Health Innovations have extended the Imedeen suncare range with the addition of two sun protection lotions, SPF8 and SPF 15, retailing at £9.96 each. **Health Innovations. Tel: 0273 440177.**

### 3 for 2 offer

Numark are offering their retailers a "3 for the price of 2" promotion on cotton wool pleats (50g) and round cosmetic pads (100s) throughout April. **Numark Management Ltd. Tel: 0827 69269.**

### Visage on TV

Nivea Visage is benefitting from a high profile TV campaign for its Liposomes additions. Developed with a lifestyle theme, the campaign will last until June 7. **Smith & Nephew Consumer Products Ltd. Tel: 021-327 4750.**

## Baby Designer Gift Set for trendy mums

Lewis Woolf Griptight have introduced a Designer Gift Set, aimed at trendy young mums.

Displayed in a special presentation pack, the Set contains two 250ml feeding bottles and one 125ml feeding bottle from Griptight's "cuddly character" designer range

featuring clowns, teddy bears, rabbits and mice.

A pack of teats in hard-wearing, ultra-hygienic silicone is also contained in the Set, together with a bottle brush, training spout, and two decorated soothers.

**Lewis Woolf Griptight Ltd. Tel: 0386 553386.**





Take a new look at Savlon Dry Skin. We have re-designed our packaging across the range has been completely re-designed, to differentiate it from Savlon Antiseptic Cream. This new look, together with a burst of women's magazine advertising (including



trial sachets), aims to highlight Dry Skin's lanolin-free formulation. We're also running two on-pack promotions – a 50p and £1 cash-back offer on Dry Skin Cream, and a free loofah with Moisturising Bath Oil. This is no soft sell.



*Don't dice with lice—*

“Insect populations that are indefinitely exposed to a single insecticide inevitably develop resistance.”<sup>1</sup>



#### ABBREVIATED PRESCRIBING INFORMATION

CARYLDERM® Lotion,  
DERBAC®-C Liquid,  
DERBAC®-M Liquid,  
FULL MARKS® Lotion and  
PRIODERM® Lotion

**Indications:** DERBAC-C Liquid, CARYLDERM Lotion, FULL MARKS Lotion, PRIODERM Lotion and DERBAC-M Liquid. Treatment of head lice infestation

**Active ingredients:** DERBAC-C Liquid: carbaryl 1.0% w/w. CARYLDERM Lotion: carbaryl 0.5% w/v. PRIODERM Lotion: malathion 0.5% w/v. DERBAC-M Liquid: malathion 0.5% w/v. FULL MARKS Lotion: phenothrin 0.2% w/v.

**Dosage and administration:** Sprinkle onto dry hair and rub gently into the scalp until all the hair and scalp are thoroughly moistened. Allow the hair to dry naturally and leave for at least 2 hours (12 hours for DERBAC-C Liquid and DERBAC-M Liquid). Shampoo the hair as normal. Rinse and comb whilst wet to remove dead lice and eggs.

**Contra-indications, warnings, etc:** Not to be used on infants under 6 months of age except on medical advice. Avoid contact with the eyes. Skin irritation can occur. These treatments may affect permed, coloured or bleached hair. Do not use these products if you are sensitive to any of the active ingredients. CARYLDERM Lotion, FULL MARKS Lotion and PRIODERM Lotion contain isopropyl alcohol which may exacerbate asthma or eczema. As they are also flammable, apply and dry the hair with care and do not use artificial heat.

**Prices:** CARYLDERM Lotion 55 ml, £1.31 (R) £2.30; 160 ml, £2.71 (R) £4.75. DERBAC-C Liquid 50 ml, £1.37 (R) £2.39; 200 ml, £3.31 (R) £5.80. DERBAC-M Liquid 50 ml, £1.37 (R) £2.39; 200 ml, £3.31 (R) £5.80. FULL MARKS Lotion 55 ml, £1.37 (R) £2.39; 160 ml, £2.74 (R) £4.80. PRIODERM Lotion 55 ml, £1.31 (R) £2.30; 160 ml, £2.71 (R) £4.75.

#### Product licence numbers:

CARYLDERM Lotion PL 0337/0038, DERBAC-C Liquid PL 0337/0203, DERBAC-M Liquid PL 0337/0205, FULL MARKS Lotion PL 0337/0153, PRIODERM Lotion PL 0199/5002R.

#### Product licence holders:

Napp Laboratories Ltd., Cambridge Science Park, Milton Road, Cambridge CB4 4GW UK (CARYLDERM Lotion, DERBAC-C and DERBAC-M Liquid, FULL MARKS Lotion). Priority Laboratories Ltd., (Member of Napp Pharmaceutical Group), Cambridge Science Park, Milton Road, Cambridge CB4 4GW UK (PRIODERM Lotion only).

Date of Preparation: February, 1993

Further information is available on request from Napp Laboratories Limited.

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#### References

1. Maunders J, Cooper N. Prescriber 1991;(25):27-48
2. Maunders JW. J Roy Soc Health 1991;111:24-6.

To help prevent resistance development  
**FOLLOW THE ROTATIONAL POLICY**  
as recommended by your Regional/District Pharmaceutical Officer  
Napp Consumer Products Division have a full range of products to fulfil all requirements of the rotational policy

pyrethroids  
(phenothrin)



malathion



carbaryl



“Any incipient resistance which may have developed can then be eliminated by the discontinuance of the first insecticide and the substitution of another for the next three years.”<sup>2</sup>

To find out which product is on rotation in your area, please contact your  
Regional/District Pharmaceutical Officer or ring the  
**HEADLICE HELPLINE ON 0223 424444**



Consumer Products Division, Napp Laboratories Limited, Cambridge Science Park, Milton Road, Cambridge CB4 4GW. Date of Preparation: February, 1993.



## Drugs for vaginal and vulval conditions

**Professor Li Wan Po, head of the School of Pharmacy, The Queen's University of Belfast, reviews vaginal and vulval complaints and their management. This is his sixth article in a series on the therapeutic categories that will be added to the Selected List later this year**

Preparations intended for application to the vagina and/or the vulva fall into three broad groups: those intended to treat infections, hormonal products intended for the treatment of atrophic vaginitis, and topical contraceptive agents.

### Anti-infective agents

Fungal infections, and in particular candidiasis, are by far the commonest problems of infective origin. Bacterial vaginosis affects fewer women but is generally more troublesome. Viral infections, which may take the form of warts or diffuse vulval inflammation with discharge (as in herpetic infections), are even more recalcitrant.

Vaginal candidiasis, usually caused by *Candida albicans*, is by far the most frequent

vaginal infection and most women will suffer from it at some time in their lives. Recurrence is common and is particularly distressing to those who are affected.

During acute episodes, vulvo-vaginal itch is usually prominent. A burning sensation in the vulval area and external dysuria are also often reported by sufferers. However, unlike herpetic infections, lesions and ulcers are not present, and unlike bacterial infections the discharge is not necessarily fishy or foul-smelling.

Most women probably carry

*Candida albicans* without showing any sign of infection. What triggers an overt infection is still unclear although more extensive contamination during sexual contact or as a result of soiling during defaecation may account for many cases and recurrences.

Increased levels of oestrogen and progesterone during pregnancy raise the glycogen content of the vaginal epithelium and may lead to vaginal candidiasis. The wearing of tight underclothing and the use of the

### Illustration of gonorrhoea of the cervix

contraceptive pill may also stimulate growth of the yeast sufficiently to lead to infection.

Disordered carbohydrate metabolism associated with diabetes, use of irritant applications, disturbance of the normal bacterial flora with antibiotic therapy, alteration in immune response by cytotoxic or corticosteroid therapy and iron or zinc deficiency may also predispose to vaginal

Continued on pii





Continued from p1

candidiasis.

Treatment of vaginal candidiasis is relatively simple now that effective antifungal agents are available. Nystatin is still widely used but the imidazoles are now often regarded as the agents of first choice. Single dose therapy of candidiasis with the imidazoles has success rates as high as those reported with multiple dose treatments over several days. The intravaginal products have now been added to the range of topical imidazole preparations available for self-medication without a prescription.

Clotrimazole, econazole and miconazole appear to be equally effective and have similar adverse reaction profiles. Side-effects are usually mild and include a burning sensation, localised oedema and erythema. In a few cases contact sensitisation has been reported.

### OTC treatment of thrush

A number of products to treat thrush are now available for over the counter sale. They contain antifungal imidazoles:

- Clotrimazole (Canesten)
- Econazole (Ecostatin)
- Miconazole (Femeron)

The imidazoles are weak bases which act best in the unionised form. Therefore their concurrent use with acidifying agents is contra-indicated. Once inside the yeast cell, the imidazoles interfere with ergosterol and fatty acid synthesis. This leads to increased membrane permeability, uncontrolled cell wall synthesis and eventually cell death.

Some 5-10 per cent of an intravaginal dose of the imidazole is absorbed into the systemic circulation. Therefore anyone with a history of hypersensitivity to the drugs should avoid use of the intravaginal imidazole preparations.

In recommending that intravaginal imidazole preparations should be available on a non-prescription basis, the Committee on Safety

of Medicines did so on the understanding that pharmacists would refer patients to their general practitioner if:

- first time sufferers are involved
- the sufferer has a history of sexually transmitted disease or is exposed to a partner with a sexually transmitted disease
- the patient has had more than two attacks in the previous six months
- pregnancy is suspected or known
- a patient aged less than 16 months or over 60 is being considered
- if any abnormal or irregular vaginal bleeding or discharge is observed
- any lower abdominal pain is reported
- the patient has had any adverse reaction to previously prescribed medication for vaginal thrush
- the patient suffers from any vulval or vaginal sores, ulcers or blisters and
- the condition does not improve within a week.

Dysuria is also regarded as a symptom requiring referral although it is a common symptom of candidiasis.

### Alternative remedies

Various alternatives to the imidazoles are available for the treatment of vaginal thrush. Among the most controversial are the so called "ecological" methods which include lactobacilli products and acidifying pessaries.

While such products may be effective they are not as consistently useful as the imidazoles. Gentian violet paint is now contra-indicated for application to mucous membranes. Anaesthetic preparations may provide short-term relief from itch but may sensitise.

### Bacterial vaginosis

Other micro-organisms may cause vaginal infections and discharge. Bacterial vaginosis most commonly involves *Gardnerella vaginalis*, *Chlamydia trachomatis* and *Mobiluncus* species including *M. mulieris*. Recent data suggest that *Mobiluncus* species, rarely found in the absence of vaginosis, may be present in the vaginal secretions of as many as

80 per cent of women with the disease.

*Mycoplasma hominis* and *Ureaplasma urealyticum*, which are small prokaryotic organisms, are found in much larger numbers in women with bacterial vaginosis than in healthy controls. However, their contribution to the disease is still controversial.

Metronidazole is effective against *Gardnerella* and *Mobiluncus* species while tetracyclines are useful against the *Mycoplasma*, *Ureaplasma* and *Chlamydia* species. Erythromycin is a suitable alternative for the latter infections.

One major concern with bacterial vaginosis is its possible association with preterm labour, premature rupture of the membranes and other pregnancy abnormalities. Recent work, however, suggests that bacterial vaginosis poorly predicted adverse pregnancy outcome.

Gonorrhoea caused by *Neisseria gonorrhoea* may be asymptomatic in over half of those women affected. In the others, presenting symptoms include vaginal discharge and dysuria. Disseminated infection leads to painful joints, pyrexia and septic skin lesions at the extremities. Rarely endocarditis and meningitis are seen as complications.

Amoxycillin with probenecid is recommended in the British National Formulary. Tetracyclines, fluoroquinolones and the newer cephalosporins are used as alternatives in the presence of penicillin hypersensitivity or beta-lactamase producing *gonococci*. The infection is said to be increasing in some immigrant populations in the United Kingdom.

Syphilis caused by *Treponema pallidum* is now relatively rare in the UK. Following infection a characteristic lesion (chancre) appears, usually on the external genitalia. Spontaneous healing of the lesion occurs within six weeks to be followed by symptoms of the later stages of syphilis.

Macular and pustular lesions are seen most commonly on the trunk and extremities. Untreated the infection progresses often after years to inflammatory disease affecting various organs of the body including the nervous and cardiovascular systems.

Intramuscular procaine penicillin is still regarded as the agent of first choice for syphilis. Erythromycin and tetracyclines are alternatives in the presence of penicillin allergy. Resistance to penicillin is not likely.

### Genital herpes

Genital herpes is caused by the Herpes simplex virus of which there are two types: HSV-1 and HSV-2. The latter accounts for the vast majority of primary attacks. Secondary attacks lead to lesions from which both HSV-1 and HSV-2 are often recovered. Lesions are painful.

Currently, only oral acyclovir is thought to be of any value although saline baths may ease

the pain. Patients may be concerned about the association between genital herpes and cervical cancer. Many authorities still are of the view that the association is coincidental rather than causal.

### Genital warts

Genital warts are caused by the human papilloma virus (HPV), a DNA virus. The infection is sexually transmitted and may be particularly florid in the immuno-compromised patient. The main concern is its association with cervical neoplasia although a causal association has not been established.

In most patients the condition resolves spontaneously, albeit slowly. Topical applications are often disappointing with podophyllin preparations being probably the best. Application may be painful and protection of the surrounding non-affected skin with soft paraffin is recommended. Podophyllin and products containing its active constituent, podophyllotoxin, should not be used in pregnancy because of their teratogenic potential.

### Hormonal applications

Hormonal replacement therapy is used for the alleviation of vasomotor symptoms (hot flushes and headaches) and atrophic vaginitis associated with the menopause.

When vaginitis is the only presenting symptom application of an oestrogen cream provides the necessary relief in most cases. If repeated applications are required then addition of cyclical progestogen is required to counteract the possible increased risk of endometrial cancer with prolonged use of unopposed oestrogen.

### Blacklisting

The deregulation of the imidazole anti-fungal agents was a clear move to shift the cost of management of candidal vaginitis away from the National Health Service budget to the private purse. The move was generally accepted given the long history of safe use of such compounds in many industrialised countries.

Despite the apparent increase in puritanism in the wake of Acquired Immuno-Deficiency Syndrome, it seems unlikely that there will be much support for restricting access to free antimicrobial therapy for vaginal infections.

Neither is it likely that oral antibiotics will be made available without a prescription. Inappropriate use of antibiotics by GPs is already presenting us with major problems of antibiotic resistance.

Hormonal replacement therapy is gaining wider acceptance. Given the wide disparity in the costs of the different formulations, the possibility of cost-capping for this group of products is real.

### Advice on prevention

The following advice may help sufferers prevent another attack of thrush:

- Avoid irritant such as:
  - Highly perfumed soaps and bubble baths
  - vaginal deodorants and antiseptics
  - Biological washing powders
  - very hot baths
- Wear:
  - Stockings instead of tights
  - Loose fitting clothes
  - Cotton underpants
- Always wash and wipe from the front to the back to avoid contaminating the vagina with yeast that may be present in the bowel
- *Candida*—free diets have no scientific basis and should not be recommended
- Women who are prone to thrush can be recommended a thrush treatment if they are prescribed antibiotics



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**REFERENCE** (1) MIMS Jan '93, Drug Tariff Feb '93. (2) Frishman Circulation 77 No. 4 774-786 1988.  
Elan Pharma Limited, Lambert Court, Chestnut Avenue, Eastleigh, Hampshire SO5 3 ZO

<sup>\*</sup>Trademark (WL)

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PUTTING IDEAS INTO PRACTICE



# Safer sex: new targets

Increased awareness of the perils of unsafe sex have reduced the incidence of some of the more "traditional" sexually transmitted diseases. However, as Steve Chaplin discovered, 1990 statistics show some STDs are still on the increase

In 1990, the most recent year for which official statistics are available, 578,000 new cases of sexually transmitted diseases (STDs) were reported in genito-urinary clinics in England alone. This figure excludes HIV infection and diseases which are not exclusively transmitted sexually, such as hepatitis B (400 new cases).

STD is a major health problem but one which is widely misunderstood. Many people believe that syphilis and gonorrhoea are the most important STDs but this is no longer true. In 1913, syphilis affected 10 per cent of the UK population: now, with 1,300 new cases annually, its incidence is approximately one quarter of that in 1980.

New cases of gonorrhoea have stabilised at around 20,000 annually compared with 54,000 in 1980, a decline which may be due to changes in sexual practices since the advent of AIDS. In fact, genital herpes is now as common as gonorrhoea and has doubled in frequency since 1980.

Cases of genital warts have almost trebled during the same period, with 77,000 new diagnoses in 1990. Non-specific genital infections, up to half of which are due to chlamydia trachomatis, are the most common STDs. Some 119,000 new cases were reported in 1990 — a decline from a 1986 peak of 158,000.

Multiple infection is common, particularly among people attending genito-urinary clinics. For example, chlamydia

trachomatis occurs in 40-50 per cent of women with gonorrhoea. In addition, STDs may be more likely and more severe in people who are immunosuppressed due to HIV infection.

Each of these figures is likely to underestimate the true incidence of the disease because many people will not have attended STD clinics or perhaps not received treatment at all. Overall, STD is most common among 20-24 year olds. However, adjusting for the proportion of people who are sexually active, prevalence rates of primary infections and their complications are believed to be highest among teenagers.

Drug therapy is only one part of treatment. Another crucial aspect is contact tracing and partners are usually treated even in the absence of symptoms. Care must also be provided in an atmosphere which encourages compliance with drug therapy to minimise the chances of treatment failure and recurrence. Advice on how to prevent infection, such as the use of condoms and practising safe sex, is essential.

## Gonorrhoea

Gonorrhoea is due to infection by the bacterium *Neisseria gonorrhoeae*. This organism is easily killed by drying, cleansing agents and disinfectants. In adults it is therefore primarily caught via sexual intercourse. However, children may acquire infection asexually and infants may be infected at birth.

The risk of a woman catching

gonorrhoea from an infected man is 60-90 per cent and a man has a 20-50 per cent chance of infection from a woman. Infection occurs in the genital tract, the rectum, oropharynx, eyes, epididymis, fallopian tubes and in tissues surrounding the liver. Rarely, infection may become disseminated and affect the joints, skin, heart and meninges.

Symptoms begin three to five days after infection but 5-10 per cent of men and 70 per cent of women are asymptomatic. In men, the first signs are mild dysuria and a purulent urethral discharge. If untreated, large and painful abscesses, epididymitis and urethral stricture are possible complications.

In women, the symptoms are less apparent, though some may complain of mild dysuria, non-specific discharge and proctitis. Many women seek treatment because they have discovered that their partners are infected. If untreated, local abscesses may occur. However, pelvic inflammatory disease is the commonest complication, occurring in 10-15 per cent of untreated women.

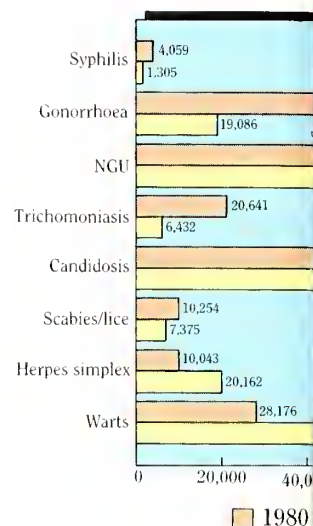
Acute symptoms include lower abdominal pain and fever. Complications include infertility and recurrent salpingitis. It is important that the cause of pelvic inflammatory disease is identified. Infection by chlamydia is another common cause which is not susceptible to the antibiotics usually used to treat gonorrhoea.

The treatment of uncomplicated gonorrhoea comprises a single dose of an antibiotic, usually a broad spectrum penicillin such as amoxycillin at a dose of 3g. It is essential that a single dose is effective, so blood levels are increased by the addition of 1g of probenecid. Amoxycillin is less effective than other agents in cases of pharyngeal or rectal infection.

Penicillin resistance is still uncommon in the UK but local sensitivity patterns vary and resistant strains may be imported from abroad by holidaymakers, particularly from the Far East.

The recommended alternative single-dose therapy

## New case



is a 4-quinolone such as acroloxacin, ofloxacin or ciprofloxacin, or spectinomycin by injection. Acroloxacin and spectinomycin are indicated only for the treatment of gonorrhoea. Alternatively, the tetracyclines (which, like the quinolones, are also active against chlamydia) may be effective in courses lasting one week.

## Syphilis

Syphilis is due to infection by the spirochete *Treponema pallidum*. Again, the organism cannot survive outside of its host and it is usually acquired sexually. However, the foetus can be infected during pregnancy and infants during birth.

Although syphilis is nowadays much less common, the consequences of untreated infection are serious. The organisms can enter through intact mucosa or damaged skin and quickly spread via the blood to the lymphatic system, though they may lodge in any organ. After about three weeks, a painless chancre forms at the site of infection which heals within three to six weeks.

Secondary syphilis develops after a further two to 12 weeks. The symptoms are variable but include lymphadenopathy, malaise and a rash on the trunk and limbs with highly infectious lesions. The rash eventually disappears (though relapse is initially common) and after two to four years the disease becomes latent and the individual is non-infectious. However, infection can be proved by serology.

Tertiary syphilis develops unpredictably in 30-40 per cent of cases many years after the primary episode. This phase is due to progressive and destructive inflammation of affected organs which is disabling or fatal. Characteristic lesions known as gummata may occur on the skin, or in the liver, eyes or lungs.

CNS involvement may produce a variety of mild or marked symptoms including

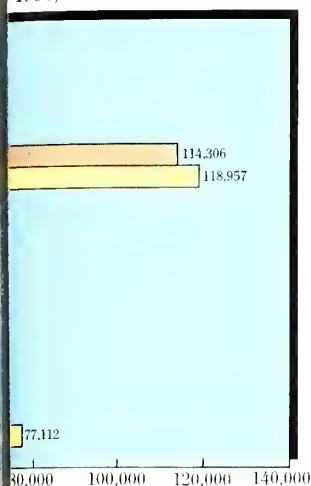
## Summary of pathogens and treatment of infection

Disease	Pathogen	Nature	Drug treatment
Syphilis	<i>Treponema pallidum</i>	Spirochete	Procaine penicillin
Gonorrhoea	<i>Neisseria gonorrhoeae</i>	Bacterium	Amoxycillin
NGU	<i>Chlamydia trachomatis</i> <i>Ureaplasma urealyticum</i>	Atypical bacteria	Erythromycin, doxycycline
Trichomoniasis	<i>Trichomonas vaginalis</i>	Protozoan	Metronidazole
Candidiasis	<i>Candida albicans</i>	Yeast	Nystatin, imidazoles
Genital herpes	HSV-L, HSV-2	Virus	Acyclovir
Genital warts	Human papilloma viruses	Virus	Podophyllin
Scabies	<i>Sarcoptes scabiei</i>	Mite	Lindane, malathion, permethrin
Pubic lice	<i>Phthirus pubis</i>	Louse	Malathion, lindane, carbaryl
Hepatitis B	Hepatitis B virus	Virus	Interferons vaccine



## ing genito-urinary ics

1990)



headache, deafness, vertigo, stupor and psychosis. Spinal syphilis may cause paralysis and cardiovascular syphilis damages the aorta, resulting in angina and heart failure.

The treatment of early syphilis is straightforward. Daily injections of procaine penicillin, which provides therapeutic concentrations of benzylpenicillin over 24 hours, for ten days are curative. Alternatives include erythromycin or a tetracycline, although the duration of treatment is longer. Later stages of the disease require treatment with procaine penicillin for up to three weeks.

The complications of treatment include the Jarisch-Herxheimer reaction, which is due to the release of endotoxin from killed *T. pallidum*; it is most common in primary and secondary syphilis. Beginning within four to 24 hours and lasting for up to 24 hours, symptoms include malaise, fever, tachycardia, flushing and rash. Rarely, the symptoms of late syphilis may be exacerbated and the reaction can prove fatal but the reaction is usually mild in early syphilis.

## Non-gonococcal urethritis (NGU)

Also known as non-specific urethritis or NSU, this is due to infection by *Chlamydia trachomatis* or *Ureaplasma urealyticum*. Both are atypical bacteria: *C. trachomatis* is an obligate intracellular parasite; *U. urealyticum* does not have a cell wall. Neither are susceptible to beta-lactam antibiotics.

This is the most frequently reported STD, although relapse is common within a year and is again reported in official statistics, so it is uncertain how many new cases occur annually.

Symptoms usually develop within about six weeks of infection. Men develop a mucopurulent urethral discharge and dysuria. Less common signs include cystitis, prostatitis and epididymitis.

Homosexual men may develop proctitis.

Complications include subfertility, conjunctivitis and a syndrome including arthritis known as Reiter's disease. Infants may acquire chlamydial ophthalmia neonatorum during birth which can progress to blindness if untreated.

The signs of NGU in women are less clear. Partners of infected men may be asymptomatic though the potential complications are sufficiently serious that treatment is essential nonetheless. Vaginal discharge, dysuria, and cervical, vaginal or urethral inflammation may occur. Pelvic inflammatory disease is the most serious complication.

The incidence of pelvic inflammatory disease is uncertain but it is estimated that 10,000 to 20,000 women in the UK are chronically affected, many of whom are in their twenties. *C. trachomatis* is more commonly implicated than *N. gonorrhoeae*, though the symptoms are slower in onset and the infection more difficult to treat.

Internal tubal adhesions slow the passage of the ovum and increase the risk of tubal pregnancy, while obstruction causes infertility. The symptoms may be mild and go unnoticed, although about one-fifth of affected women have recurrent attacks.

Risk factors include local surgical procedures and the presence of an intra-uterine device but in many cases no such factors are found. Psychological problems such as depression and anxiety may also occur.

A week's course of erythromycin or doxycycline is the treatment of choice for NGU. Metronidazole should be added for the treatment of pelvic inflammatory disease to cover the possible risk of anaerobic infection.

## Trichomoniasis

The protozoan *Trichomonas vaginalis* is a common cause of vaginitis and, in men, of mild and often asymptomatic urethritis. Some women are asymptomatic carriers. *T. vaginalis* may itself transport potential bacterial pathogens to sites of infection and trichomoniasis often occurs with gonorrhoea.

Symptoms include an often profuse yellow vaginal discharge associated with itch and soreness, dyspareunia, and dysuria. The treatment of choice is metronidazole, which can be given as a single 2g dose or 400mg twice daily for seven days.

High doses are more likely to cause nausea or vomiting. Partners should also be treated. The cure rate is approximately 90 per cent. Relapse is uncommon but higher doses, or combined oral and local administration, may then be successful. Tinidazole and nimorazole are alternatives also effective in a single dose.

## Candidosis

Also known as candidiasis, this infection by yeasts, predominantly *Candida albicans*, is common although this organism occurs in about 20 per cent of men and women without causing symptoms. Though not necessarily sexually transmitted, recurrent infections occur in about 10 per cent of affected women and infection by an asymptomatic partner may be one cause. The anorectum may also be a reservoir of infection which can be eradicated by treatment with oral nystatin, fluconazole or itraconazole.

Symptoms include a characteristic but not always obvious "cream cheese" vaginal discharge and plaques, and local itch, redness and oedema. Men also experience itch and redness, and a discharge from under the prepuce.

The various imidazoles (for example, miconazole, econazole, clotrimazole) are equally effective and are available in a wide range of pessaries and creams which can be supplied for the treatment of vaginal candidosis without a prescription (subject to certain restrictions — see table).

Single-dose treatments are available and, because they are so convenient, are probably first choice. Combined treatment with pessaries and cream may be preferred in more marked infections. Nystatin preparations are not available OTC.

There is evidence that some women dislike using local treatment and prefer to take fluconazole (single dose) or itraconazole (two doses in one day) orally. Whether the inconvenience of having to obtain a prescription for these products outweighs this dislike is unclear. These drugs are more expensive than the imidazoles although they may be preferred when infection is recurrent. Adverse effects include nausea and abdominal pain.

## Genital herpes

Herpes simplex virus type 1 (HSV-1) is most frequently isolated from lesions around the mouth or eye and is transmitted by direct contact (in this context, kissing) or via droplets. HSV-2 predominantly occurs in genital lesions and is usually transmitted sexually. This distinction is not complete: infection is also spread by orogenital contact.

The primary infection

produces characteristic small vesicular lesions which shed viruses. These resolve spontaneously within two weeks, though virus shedding in mucous secretions continues for a further two to three weeks. Because apparently asymptomatic people can transmit HSV, the risk of infection from exposure is unclear.

The primary episode is associated with malaise, fever, local pain and dysuria lasting several days which are usually worse in women than men. There may be no further episodes, but recurrences can be triggered by systemic infections, stress or menstruation and tend to be milder than the primary episode. The mean recurrence rate of genital lesions with HSV-1 is 0.03 per month compared with 0.09 per month with HSV-2.

Treatment options are limited. A five-day course of acyclovir is more effective than idoxuridine in dimethyl sulphoxide (DMSO) for oral or genital infections. Both must be applied as early as possible, when they may limit the severity and duration of each episode. Adverse effects include transient stinging and excessive application of DMSO produces local maceration. If lesions affect the vaginal or oral mucosa, systemic treatment with acyclovir is necessary.

## Genital warts

Of the 40 types of human papilloma virus reported, seven have been associated with genital infection. Genital warts are easy to catch but difficult to treat and commonly occur with other STDs.

The lesions may appear at any time from two weeks to eight months after infection, when they can spread rapidly or slowly. They are painless but unsightly: their appearance depends on the site affected and they may occur at several sites in one person.

Transmission to other areas, notably the mouth, may occur. Human papilloma virus is believed to be a risk factor for cancer of the cervix uteri in conjunction with co-factors such as HSV infection and cigarette smoking. Extensive genital warts may increase the risk of secondary bacterial or fungal infection.

Continued on pvi

## Restrictions on OTC supply of intravaginal imidazoles for the treatment of candidosis

- First episode of infection
- Previous history of STD, or partner with STD
- More than two attacks in previous six months
- Pregnancy or suspected pregnancy
- Age over 60 or under 16
- Abnormal or irregular bleeding, bloody vaginal discharge
- Lower abdominal pain
- Adverse reaction to previous treatment
- Dysuria
- Vulval/vaginal sores, ulcers or blisters
- No improvement after seven days' treatment

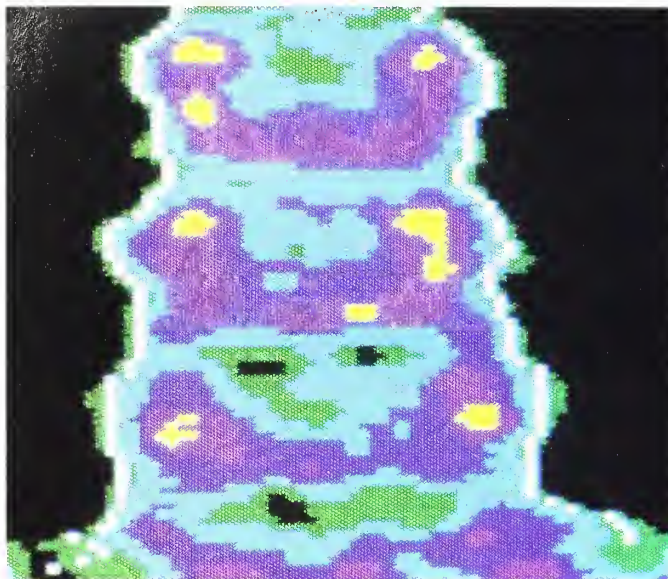


# Calcium does reduce bone loss

Calcium supplements have long been recommended for the prevention of osteoporosis following the menopause and comprise one of the few alternatives for women unable to take HRT.

However, convincing evidence of a benefit did not emerge until 1990 and, even then, it was confirmed only in women with a relatively low calcium intake of less than 400 mg/day. It was therefore unclear whether calcium was supplementing dietary intake or making up the deficiencies of a poor diet.

Now, workers in New Zealand have investigated the effects of taking 1,000 mg/day of calcium as an effervescent formulation in 122 women with widely varying dietary intakes of calcium but an average of 750 mg/day. Compared with placebo, calcium supplementation reduced total bone loss by 43 per cent over two years. Bone loss was abolished in the trunk, reversed in the spine and reduced by 35 per cent in the legs; however, the femoral neck was not significantly affected.



Supplementation also significantly reduced biochemical markers of bone loss.

Bone was lost at the rate of one per cent annually among those taking placebo; this was

reduced throughout most of the skeleton by about one-half to one-third. Such a difference is small but, if cumulative, could reduce fractures significantly. *New England Journal of Medicine* 1993;328:460-4



## Which side effects do people prefer?

It's all very well for health workers to decide which risks from drug treatment are greatest but their views do not necessarily coincide with the preferences of the people who have to take the drugs.

For example, would patients tolerate diarrhoea due to misoprostol if it reduced the risk of hospital admission?

A group of American rheumatologists asked 30 people with rheumatoid arthritis to rate on a scale of 0 to 100, 18 hypothetical adverse events associated with the use of NSAIDs and misoprostol. These included the occurrence of an asymptomatic ulcer; an ulcer requiring surgery; a symptomatic but uncomplicated ulcer; and adverse effects of misoprostol (diarrhoea and abdominal cramp).

The mean baseline score for no ulcer and no misoprostol prophylaxis was 75.4/100, indicating the degree of impairment of quality of life among people with rheumatoid arthritis.

Adding prophylaxis with misoprostol did not significantly reduce this score — despite a four-times daily dose regime — unless side-effects were included; in fact, whatever other adverse events were considered, misoprostol-induced diarrhoea was judged a significant additional problem.

Conversely, dyspepsia due to peptic ulcer was not considered a problem. Overall, however, what respondents most wanted to avoid was admission to hospital (scoring 52/100) and surgery to treat ulceration (40/100). They were also concerned, but to a lesser extent, about receiving treatment on an outpatient basis (66/100).

The authors conclude that if prophylaxis with misoprostol has no impact on the more serious complications of NSAID use — for example, by preventing outpatient treatment but not a significant proportion of hospital admissions — and additionally causes diarrhoea, it would not be acceptable to some patients. *Journal of Rheumatology* 1993;20:358-61

## Patients know little about diuretics

Patients know less about their diuretics than about other drugs they are taking, according to an audit of drug use among patients admitted to a Glasgow hospital. Two hundred people admitted to three general medical wards were asked what drugs they were taking, why and at what dose. The answers were checked against GP and hospital records. Two-thirds had

been admitted as emergencies; the commonest diagnoses were acute myocardial infarction, angina, epilepsy and heart failure. The age range of participants was 14 to 93, with an average of 58. Thirty-one per cent were taking diuretics and this accounted for one in ten of all prescriptions — no other drug group was prescribed as frequently.

Of those taking diuretics, 59

per cent did so for heart failure; a quarter for hypertension; ten per cent for ankle oedema; and in one case for renal failure. The commonest diuretic prescribed was frusemide, followed by the thiazides and combinations of frusemide with amiloride or triamterene.

Patients' beliefs about why they were taking the various drugs were more often wrong for diuretics than for other agents, although only 23 per cent got the dose wrong. A third did not understand the reasons for diuretic therapy, citing 'for the waterworks'; 'to take pressure off the bladder'; or 'for irregular heartbeats' instead. About one half revealed a better understanding, saying it was 'for breathlessness'; 'for the heart'; or 'it's a water tablet'. Only one fifth were judged completely accurate with 'for high blood pressure' or 'to clear fluid from the lungs'. These responses suggest that many people misunderstand explanations given to them by health workers.

In fact, diuretic users understood less about diuretics than the other drugs they were taking.

The average age of people taking diuretics was 70, compared with 54 for other patients. They were taking more drugs than people not using diuretics — an average of five compared with 3.2 — and they performed less well on tests of mental acuity.

These findings show that patient education is lacking in a vulnerable group of people. *British Journal of Clinical Pharmacology* 1993;35:152-5

## Do beta-blockers prevent rebound angina?

Tolerance of transdermal nitrates develops within 24 hours but can be prevented by a daily patch-free interval of 10 to 12 hours, usually by removing the patch at night.

There is, however, good evidence that rebound angina occurs during this interval, with a reduction in exercise tolerance and an increase in anginal attacks. It is therefore recommended that the patch-free interval is covered by an alternative drug, usually a beta-blocker. But while a beta-blocker is effective in controlling angina itself, it has not been clear whether it also protects against rebound symptoms due to nitrate withdrawal.

Exercise tolerance was measured in 14 patients whose stable angina pectoris was normally controlled by beta-blockers alone. Their performance on a treadmill was compared during application of a nitrate patch and

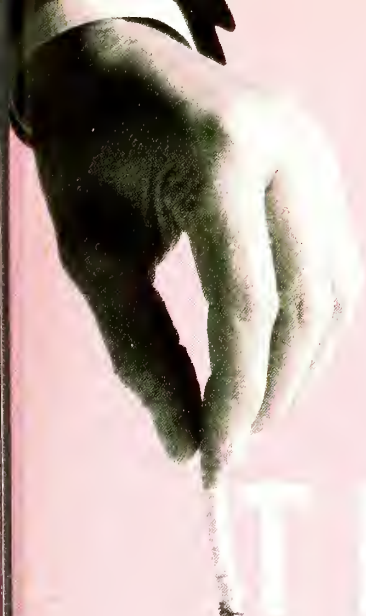
subsequently with a matching placebo.

During treatment, the duration of exercise before angina occurred significantly increased by 30 per cent. Blood pressure was significantly lower, but reflex tachycardia did not occur because of the beta-blockade.

Two hours after the placebo patch was applied the duration of exercise before symptoms supervened was significantly reduced, declining by almost 20 per cent. However, it did not fall below baseline levels.

Beta-blockade does protect against rebound angina — under acute experimental conditions at least. The authors comment that dosage may need to be adjusted to provide adequate protection during the night and early morning, since this may not be achieved with conventional regimes. *British Heart Journal* 1993;69:223-7 *SC* 15/03/93 1





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## Functional ability and NSAID-ulceration

NSAID use is a major risk factor for peptic ulceration but not all people taking these drugs are affected — and it is unclear why. Elderly women and smokers are known to be at particular risk but even then an ulcer is not an inevitable outcome of treatment. Ulcers are clearly multifactorial in origin and one likely predisposing factor is functional status. The first study to investigate the possibility has now been reported by a group of Scottish rheumatologists and gastroenterologists.

A total of 89 people completed a standard questionnaire to assess the physical disability imposed by osteoarthritis or rheumatoid arthritis. Mundane aspects of life, such as ability to dress, walk, maintain hygiene and use a car, were used to define functional status.

The subjects were then divided into three groups: those experiencing no difficulty in performing routine tasks; those having great difficulty; and those needing aids to do so. Patients were included if they had been taking NSAIDs for at least four weeks and ulceration was confirmed by endoscopy. The doses and duration of use of NSAIDs and other drugs were similar in the three groups. However, the prevalence of peptic ulcer was significantly greater among those with greatest disability.

This was not due to the presence of *Helicobacter pylori*, an organism implicated in the pathogenesis of ulcers, since this was equally common in all groups. Furthermore, gastric ulcers were twice as common as duodenal ulcers among patients with greater disability but equally common among those least affected.

It is possible that poor functional status causes stress, which in turn may affect acid secretion, impair mucosal blood flow or prostaglandin

production. Alternatively, the lesser mobility in people severely affected by arthritis might increase gastrointestinal transit time and increase exposure to NSAIDs. Whatever the explanation, severe functional impairment due to arthritis may be a further indication for prophylaxis against NSAID-induced ulcer. *British Journal of Rheumatology* 1993;32:135-8

## Magic mushroom use

Judging from publicity about drug abuse, magic mushrooms — *Psilocybe semilanceata* — do not appear to be popular compared with fashionable drugs such as Ecstasy or marijuana.

This is confirmed by a survey of Danish students which revealed that only 7 per cent had ever experimented with magic mushrooms. Most were men who also used marijuana and a third used amphetamines. They tended to be older than users of other

drugs and to use the mushrooms irregularly — three-quarters had done so only four or fewer times. Sixty per cent intended to continue or had not decided to stop using mushrooms and they tended to have more friends who were also users.

Mushroom use therefore appears to be uncommon, experimental and seldom sustained.

*Journal of Internal Medicine* 1993;233:111-2

## Stopping smoking reduces asthma

Asthma is more common among children exposed to smoking in the home and parents are routinely advised to avoid smoking if their children are affected.

Just how important a benefit this can be has been emphasised by Canadian specialists who monitored children's lung function over seven years. In 1986, it became standard practice at a Canadian paediatric clinic to advise parents to avoid smoking in the company of their asthmatic

children. Lung function and family smoking habits of children seen before and after that date were recently compared.

Overall, cigarette consumption had not changed significantly: parents were still smoking about 20 per day. However, significantly fewer were smoked when in the same room as an asthmatic child: five to seven before 1986 and two to three afterwards. A corresponding improvement in asthma score (which includes

symptoms and drug use) and lung function test occurred, with a clear dose-response relationship between the number of cigarettes the mother — but not the father — smoked in the house. Comparable improvements were not seen during this period in children whose parents had never smoked; and no other variables, including air pollution, were linked with the change.

*Journal of Allergy and Clinical Immunology* 1993;91:102-10

## Regular vs as-required beta-agonists

Reports of the effects of regular administration of beta-agonist bronchodilators on asthma control are still contradictory.

A recent study by Glaxo compared dry powder formulations of salmeterol and salbutamol given twice daily for a year in 300 people with mild to moderate asthma. About half of each group also took inhaled steroids.

Salmeterol 50 mcg twice daily was generally superior to salbutamol, 400 mcg four times daily for one month then twice daily, in reducing the frequency of exacerbations and improving performance in lung function tests. Although there was no

comparison with placebo, neither drug appeared to be associated with a significant worsening of asthma symptoms, irrespective of concurrent inhaled steroid use.

By contrast, new data from a New Zealand study which first reported in 1990 have re-emphasised that regular use of fenoterol (400mcg four times daily) is linked with an increase in asthma exacerbations and airways responsiveness and a deterioration in lung function, despite concurrent steroid use.

One interesting finding was that baseline bronchoconstriction increased after the effects of fenoterol

had waned, suggesting that rebound bronchoconstriction occurred. However, the response to each dose of fenoterol did not change, indicating that tachyphylaxis is not a problem and there is no warning of deteriorating control by a gradual escalation in dose. *Thorax* 1993;48:148-53

## Finnish spacer

A spacer is essential for many children, the elderly and people who need high doses of inhaled steroids, to ease administration and reduce oral deposition of the dose. However, most spacers are inconveniently large — the optimum size of 750 ml has been determined by the need for expansion of the aerosol discharged from the inhaler. A Finnish company has developed a spacer design which achieves the same effect with just over a third of the volume of normal spacers. The Rondo is a spherical device engineered so that the aerosol circulates rapidly for a few seconds, achieving the same objective as larger spacers.

In a double-blind comparison of salbutamol administered with a Volumatic spacer, the new device achieved similar increases in lung function. Users judged it easier to handle and carry, though it was no simpler to take apart and clean. *European Journal of Clinical Pharmacology* 1993;44:153-5

### Continued from p v

Treatment is a combination of minor surgery (cryotherapy or electrocautery) and drug therapy, usually with podophyllin or podophyllotoxin, which arrests cell division. The product should be applied only to the wart surface twice weekly; relapse is frequent but eradication rates of 40 to 70 per cent have been reported after several applications. Systemic absorption occurs, so podophyllin must be avoided during pregnancy and should not be applied to extensive lesions. Warts affecting the urethra or cervix are treated surgically, although topical 5-fluorouracil is an alternative.

### Hepatitis B

Sexual transmission of hepatitis B is possible when bleeding

occurs due to minor local trauma. Less than one per cent of people in the UK are asymptomatic carriers of the virus, although the prevalence is higher in some tropical countries and among homosexuals and prostitutes.

Acute symptoms arise after 40 to 160 days and include nausea, malaise, anorexia and tender liver enlargement but not all infections are symptomatic. Preceded by dark urine and pale faeces, jaundice develops within a week and the symptoms then resolve. Fulminant hepatitis is uncommon. Those who do not develop symptoms appear to be at higher risk of chronic disease, with periodic hepatitis and cirrhosis, and have an increased risk of hepatocellular carcinoma. Alpha interferon is indicated for the treatment of chronic active hepatitis but

prevention through vaccination is a more effective option.

### Arthropod infestations

Scabies and pubic lice can be transmitted sexually. The scabies mite burrows into the skin and feeds from the superficial layers. It provokes severe itching and local inflammation. The pubic louse, or crabs, is a bloodsucker, causing itch from discrete bites. Treatment is with insecticides such as lindane, malathion, carbaryl or permethrin according to local policies. One application is often sufficient for scabies but a second application after one week is needed for pubic lice to destroy new hatchlings. The severity of itching may be reduced with calamine or a sedative antihistamine at night.



# At last, combing out lice eggs needn't end in tears



New Step2, offers for the first time, a way of avoiding the hours of painful combing associated with lice egg and nit removal.

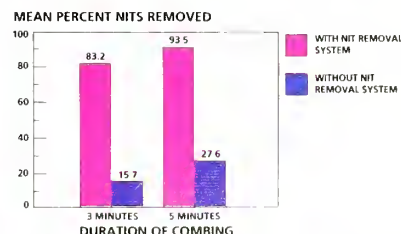
An infestation of head lice is easily cured. Any proprietary pediculicide will kill the lice and their eggs. It is after treatment however, that the problems really start.

The next step is to completely eradicate all traces of infestation by meticulously combing out the lice eggs and nits. This process is painful, distressing, and can take many hours.



Now, there is a specialist lice egg removal system which pharmacists can recommend for use after any pediculicide treatment. Step2.

New Step2 is a creme rinse which greatly speeds the lice egg and nit removal process by loosening the bonds which hold them firmly to the hair.



Studies have shown that the combing process can be made up to 10 times faster with Step2. Step2 helps to reduce tangling, making combing less painful and far more effective.

New Step2 also reconditions treated hair, restoring its health and shine.

Killing the lice is only the first step in head lice treatment. Now you can finish the job with Step2.

**Step2 takes the tears  
out of lice egg removal!**

**Note:** Step2 does not kill lice or their eggs, but speeds the removal of the lice eggs and nits which remain in the hair.



# Fast forward

Spurred on by changing consumer demands and innovations in technology, the anti-perspirant and deodorants market has continued to show year-on-year growth, with little sign of slowdown. Jane Nichols explores this dynamic market's recipe for success



In a relatively short period of time, anti-perspirant and deodorant manufacturers have pulled off a remarkable coup, establishing a market worth almost £245 million a year from a product which some would claim is simply a luxury commodity.

Such has been the success of this post war product that those people in industrialised nations who don't subscribe to the practice of using APDs run the risk of becoming social outcasts, as body odour and wetness become increasingly unacceptable.

According to statistics, almost 90 per cent of all women use an APD, with this figure rising to 97 per cent of women in the younger age group, while 84 per cent of men were reported to be using APDs in 1992, compared with only 67 per cent in 1981.

Yet, even with such excellent market penetration and constant year-on-year growth, manufacturers are not prepared to take time out to bask in their success.

Already in 1993, some of the largest manufacturers of anti-perspirants and deodorants have launched innovative new technology, while others have been keen to restyle and reposition their products.

And large promotional spends, in advance of the £22m which was spent during 1992, continue to highlight this sector as the battle to win increased market share heats up.

### One to one

By far one of the most prominent trends to emerge over the past couple of years has been the decline of shared usage anti-perspirants and deodorants.

This has had direct and far reaching consequences on the range of products available, as Michael Bealing, chemist development manager at Colgate-Palmolive, explains.

"The gender specific trend is the key to further market growth because it encourages expansion in both female and male sectors.

"It also encourages frequency of usage and indulgence purchases as consumers can shop for themselves rather than having to consider the needs of the entire family."

In recognition of this change in consumer demands, this month Colgate-Palmolive are relaunching their Soft & Gentle range in order to emphasise its femininity, as well as keeping the product contemporary.

"Soft & Gentle was the first anti-perspirant to be specifically targeted at women 20 years ago, and we believe we opened up this market," explains Mr Bealing.

"However, it's important to keep your current users happy in order to maintain market share (currently around 6 per cent), so we continually go back to basics and ask whether we're still providing customers with exactly what they want."

Innovations to the range include new typefaces on Soft & Gentle's packaging to improve

shelf recognition, as well as a change in the colour of the packaging, and new names for some of the variants. One variant has also had a slight fragrance change to bring it more in line with consumer trends.

Supported by a £2m promotional spend, a heavyweight television advertising campaign will break next month, coupled with advertising in the women's Press from June.

In reflection of the current media portrayal of the ideal woman, Soft & Gentle's promotional image has also changed, says Mr Bealing.

"Aspirational values are extremely important, although somewhat intangible to the deodorants market.

"In the early '80s women were seen as fairly aggressive with Hazel O'Connor and Toyah Wilcox as role models, so our advertising concerned women trapping men and proving themselves to be equal, although this actually sounds quite old fashioned now.

"Then in the mid '80s there was a move to a more sexy image for women which our advertising reflected.

"Today, we say Soft & Gentle has a classic femininity. Our advertising concentrates on women from all walks of life, with their husbands, their children, and their parents, portraying women who are more comfortable with their own sexuality."

Elida Gibbs have also embarked on an impressive campaign for their recently launched Sure Sensitive.

Targeted specifically at the '90s women, the new Sure variant provides effective protection against perspiration, yet is designed to be gentle enough to use after shaving, the company says.

The development comes after research carried out by AGB on behalf of Elida Gibbs highlighted the fact that 90 per cent of British women shave, with 50 per cent of UK women shaving weekly.

With this in mind, the Sensitive brand has been dermatologically tested, is alcohol free and contains Aloe Vera.

Also concentrating on healthy skin, the new Santé APD has an advanced

Continued on p718



"Try me free" will be the tempting offer from SB's Body Mist range. Redesigned to offer "Total Confidence", the promotion will be flagged up with an on-pack sticker



Continued from p717  
Dermoprotector formula which guards against body odour while protecting the skin, says the company.

It contains a mild anti-bacterial, which coupled with an anti-perspirant and its alcohol-free formula, helps to prevent reaction for women with sensitive skin.

Meanwhile, still in the female specific market, Body Mist was relaunched earlier this year, with new packaging designed to attract its core consumers of 16-30 year old women.

Smithkline Beecham will be attempting to gain a wide variety of editorial coverage to support the brand throughout the year, coupled with consumer sampling and a "try me free" promotion which

largest product launches over the 12 months.

With a £12m consumer spend for the Gillette Series, the new range offers anti-perspirant and deodorant sticks, as well as the new Cleargel anti-perspirant, all promoted under the familiar advertising slogan: "The best a man can get."

Meanwhile, Elida Gibbs will be fiercely protecting the 5.6 per cent of the male specific market their Sure for Men has, and looking to expand this further.

For the first time, the company will be incorporating the In situ micro encapsulation technology, currently present in their Sure Powerstick, into aerosols as well.

The technology, which releases more deodorising

create a greater demand for the brand, says Steve McNichol, trade marketing manager.

"The new packaging and inclusion of ISME on all variants will generate even higher rates of sales. Retailers will need to allocate more space to the brand to make the most of new opportunities," he says.

Lynx, the number one male specific toiletries brand (Nielsen), will also benefit from a £8.3m promotional spend

during 1993, including a specific spend on the brand's new Lynx Deo Stick.

Elida Gibbs estimate the UK stick market will be worth some £19.7 million this year, with 70 per cent from male specific variants.

Some of the mid to up-market fragrances have also diversified their products to include a deodorant.

Continued on p720

## Clear vision



The somewhat surreal advertisements currently on television linking UFOs, hotdog shaped airships and Big Foot with a certain clear fizzy drink, have certainly proved novel.

Yet this strange new development, producing a transparent product from something which has traditionally been opaque or coloured, may already be working its way into the APD market.

Already a growing phenomenon in the US, the trend for clear products has recently reared its head in the UK, in the shape of Gillette's new male specific ClearGel anti-perspirant and deodorant.

The gel contains aluminium chlorhydrate to combat odour, and is applied through the use of a unique grid system which spreads the gel across the skin, drying in seconds and leaving no flaky residue.

Response to the product has been very favourable, says Arousse Bakker, trade marketing manager for Gillette Series, exceeding expectations even before the main 30 second television advertisement hit the screens, and since the airing of the advertisement, response has been "phenomenal".

"Naturally there is a trend towards clear products, but most of these we believe are gimmicky," says Ms Bakker. "Gillette

Cleargel APDs and deodorants are the first products which actually offer consumer benefits.

"Traditionally men have only been able to choose between aerosols, sticks and roll-ons, all of which have had their drawbacks. Now we are giving them a totally different alternative."

As well as television advertising, Gillette have embarked on a heavy sampling campaign, while promoting products from the complete range in the format of buy two products from the Gillette Series range and get a third free has also proved successful with customers and retailers.



Arrid Extra Dry has benefited from a £1m national advertising campaign by Carter-Wallace. With strong brand loyalty, sales have increased nearly 10 per cent per year, with the familiar "Cactus" advertisement to reappear this Summer

allows users to gain a full refund.

### Men talk

The male specific anti-perspirant and deodorant market hasn't lagged behind either.

Spurred on by the constant growth experienced in the male toiletries sector as a whole, male specific variants now account for 24 per cent of all deodorant sales, worth more than £49m, according to Gillette's Right Guard Deodorant Report.

Gillette have made a concerted effort to court the male consumer, with one of the

protection as the body gets hotter, will aim to reinforce Sure for Men's position, as Ms Khuller explains.

"Not only are men buying male grooming products but they are also becoming more sophisticated as consumers, demanding products which respond precisely to their own individual needs.

"Our ISME technology gives users the confidence to know that Sure will respond to their body's needs, giving them the protection they need when they need it."

The ISME factor will be flagged up on redesigned packaging, all of which will



# DESIGNED TO GET AN AMAZING RESPONSE

# SURE

BODY  
RESPONSIVE

Sure Body Responsive is designed to produce an amazing response in more ways than one.

## Body Responsive

It gives you unbeatable protection when you need it. But when you're relaxed it stays in reserve, ready for when you need it again.

## Sales Responsive

In 1993 the Sure Range will be supported by an advertising spend of nearly £7 million M&A. This combined with its new modern and attractive pack design will keep Sure in the position it's held for the last decade, Britain's best selling deodorant that's still growing.

## Respond and win a free one week holiday for two in Florida

Give the Sure Body Responsive range an extra special shelf or window display and you could be receiving more than just outstanding sales. We're giving away a FREE HOLIDAY FOR TWO IN FLORIDA for the best display. Just take a photograph of your shelf or window display of the Sure Body Responsive range, make sure that you've included the aerosol, solid and roll-on and send it along with the stamped entry form to:

Sure Body Responsive Display Competition,  
PO Box 51, Burnley, Lancs BB11 1DQ.

Closing date for entry 31 July 1993.

### ENTRY FORM

Attached are colour photos of my Sure display.

Name .....

Shop stamp .....

Manager's Signature .....

**Terms and Conditions**  
1. The entry form must have your shop's stamp along with the manager's signature to qualify. 2. Colour photos must be used. Black and white will not be accepted. 3. The prize will include return flights to Florida, seven nights accommodation in a top class hotel for two people (excluding meals), travel insurance and a total of £400 spending money for two. 4. There will be one hundred runners up prizes of £500 Victoria Wine vouchers. 5. The holiday will be booked through Creative Travel Ltd, an ABTA travel agent, who is responsible for the accommodation and travel arrangements for the holiday on its standard terms. It is a condition of entry that Elida Gibbs shall have no responsibility in respect of actual arrangements for the holiday. 6. Holiday must be taken by 31 July 1994. 7. There is no cash alternative to the prize offered. 8. All entries must be accompanied by this official entry form. 9. Competition closes 31 July 1993. 10. No responsibility is accepted for entries lost, damaged or delayed in the post and proof of posting is not accepted as proof of delivery. 11. Open to residents of the UK only, except employees of Elida Gibbs (and their families) and any agencies involved with the competition. 12. The winner will be decided by the judges and awarded to the person who in their opinion from the photograph submitted has the best and most creative shelf or window display for the Sure Body Responsive range and their decision will be final. 13. The competition will be judged by 30 August 1993 and the winner will be notified by post by 30 September 1993. The winner's name and town may be obtained by sending an SAE to the competition address: PO Box 51, Burnley, Lancashire BB11 1DQ after 30 September 1993. From: Elida Gibbs Ltd, 43 Portman Square, London W1A 1DQ.

Give Sure Body Responsive the display it deserves and you could be celebrating your sales with a free trip to Florida.

# SURE



ELIDA GIBBS  
43 PORTMAN SQUARE  
LONDON W1A 1DQ  
PARIS VIENNA LONDON



Continued from p718

Network Management's Noir anti-perspirant deodorant spray, deodorising body spray and roll-on may cost a little more, but with the distinctive Noir fragrance they provide another alternative.

(Network Management have also introduced a Spring promotion for the Noir anti-perspirant and deodorising body spray, offering £1 off to consumers, through an on-pack promotion.)

## Market preference

The majority of deodorants and APDs bought continue to be aerosols, with the much talked about backlash following the "greening" of the consumer, failing to make significant in-roads once manufacturers had acted to head off this threat by altering their manufacturing procedures.

According to statistics from Nielsen, a total of 89 million aerosols were bought last year to a value of £130m, with pump action sprays only selling about 1.7 million units (£3m), and solids accounting for a little more with 9.2 million units sold (£17m).

Roll-ons fair slightly better with 46 million units bought last year, worth some £46m, although this is still considerably lower than the aerosols figure.

Further examination of the aerosol market by TG1 on behalf of Right Guard also shows that the 15-24 aged group shows a marked preference for aerosols in both the male and female sector, with more than 70 per cent of 15-24 year old men stating that they preferred to use an aerosol.

## Aggressive sales

Pharmacies share of sales has continued to come under pressure from the growing dominance of the grocery outlets, many of which can devote much more shelf space and are able to offer a much greater selection of products to the consumer.

However, Nielsen's data for the year ending November/December 1992 shows that Boots managed to capture 20.9 per cent of total APD and deodorant trade, with other pharmacies accounting for 8.7 per cent, and drug stores capturing 14.1 per cent. Groceries took 50.1 per cent of all sales. Value shares more or less mirrored these figures.

APDs and deodorants will continue to remain an important part of the pharmacy business however, and there are steps that pharmacies should be taking to ensure that their market share does not erode any further, say the manufacturers.

According to the Right Guard Deodorant report, effective merchandising, primarily through effective grouping of displays, will help to boost sales.

The report recommends displaying product of the same group, form and brand together, so that customers can



Sure for Men has been redesigned with modern graphics and a new "window" device to strengthen the familiar tick logo. The body responsive factor will also be flagged up on relevant products

easily identify whether they want a deodorant, bodyspray or APD, in aerosol, roll-on or similar form, and choose the brand they want with little to no effort.

With the range of new products and special offers available, pharmacies also need to be careful about the number of new products that they are taking on.

"Deodorant and anti-perspirants are a big and expanding market as far as pharmacies are concerned, and it's going to be very hectic this year with manufacturers being very active," says Colgate-Palmolive's Michael Bealing.

"However, more new products will be launched than can possibly be successful, so pharmacies have to be clear about what new products they think consumers in their region will buy and then prioritise these brands."

Pharmacies should also be prepared to learn from past

mistakes, Mr Bealing says, remembering any brands that they may have picked in previous years which didn't sell well.

Pharmacies can then use this experience to make sure that they don't get so caught up in the sales pitch that they forget to think about what they actually need and they want.

Whatever brands they stock, the deodorant manufacturers will be continuing with their bullish campaigns, hoping to continue their successful consumer education campaign and expand deodorant and APD usage to twice or three times a day.

This, in turn, it is hoped will drive volumes up benefiting both the manufacturers and the pharmacies.

Given the success they have experienced in introducing the practice of masking body odour, and the British obsession with underarm wetness, the public may well fulfil these expectations.



Soft & Gentle has been redesigned for the '90s with new graphics, names and fragrances, all of which will help it maintain its position as the number one female specific APD, according to Colgate-Palmolive's chemist development manager Michael Bealing

# Spray it again

A separate, although closely connected, market, bodysprays have continued to prosper over the past year, with Elida Gibbs leading the way with their gender specific variants Lynx and Impulse.

According to research carried out by AGB Superpanel on behalf of the company, Impulse currently occupies over 50 per cent of the female bodysprays market, with a value of £17.2m as at January 1993, an increase of £3.4m on the same period a year earlier.

In line with Elida Gibbs' strategy for Lynx, Impulse benefits from a new fragrance every year which, the company says, allows it to keep up-to-date with the ever changing requirements of the female youth market.

This year, the new Dynamique, a pan-European variant designed in a similar vein to the successful Free Spirit, will benefit from a £3.3m support campaign divided between television, cinema and the women's Press.



Targeted at the young women, the new brand, like the others will aim to provide fragrance and deodorant, giving a refreshing and revitalising feel, helping provide an emotional and physical boost, say Elida Gibbs.

Other companies have also been active within the male bodysprays arena.

Collection 2000, for example, introduced a further nine bodysprays to their range in February, while Insignia and Slazenger have continued to top up the male specific market.

Grocery stores do dominate this sector, however, spurred on by a growth in the overall market size of the male toiletries market, and this trend looks unlikely to change.



# THE NEW DYNAMITE STICK



## IT'S ABOUT TO CAUSE A SALES EXPLOSION

Lynx introduce a new deodorant stick which is designed to make your sales explode.

Why?:-

- £8.3 Million MEAL investment in 1993 on Lynx advertising and promotion.
- 48 sheet poster launch campaign for Lynx Deodorant Stick (£500,000 MEAL).
- Lynx fragrances - Java, Alaska, Nevada and Tempest are now available to loyal stick users at premium prices-increasing sector value.

In fact, sales will be so explosive that individual variants of Lynx Deodorant Stick are expected to be

bigger than some current stick brands.

But you would expect nothing less from Lynx, the UK's number one male toiletries range.

**LYNX - THE BIG NAME IN MALE TOILETRIES.**



# LYNX



**ELIDA GIBBS**  
43 PORTMAN SQUARE  
LONDON W1A 1DY  
PARIS - VIENNA - LONDON



# Room on their own

Two anti-perspirants have been launched by Numark to fill the gap in their own brand range. The new aerosol APDs are designed to provide freshness and day-long protection, and represent the first move into this dynamic market for the company.

Susan Ashcroft, own brand manager, explains: "Never before have Numark offered their customers any type of deodorant, so this is a completely new departure for us. As aerosols account for the largest segment of the market, we were fortunate to find a supplier who met our criteria."

"We also decided to offer just two products, one of which, the Soft Pink, is targeted towards women, while Cool Blue is targeted towards men. We are also able to offer each deodorant for under £1, while retaining good margins for the retailer."

Response has been "excellent" so far, say Numark, who state that own brand deodorants now account for over 11 per cent of the APD market.



Slazenger Sport is to benefit from an £800,000 campaign this year, part of which will be spent on the sponsorship of The Slazenger Sport Toiletries Challenge 1993, the series of racquet sports events for players, pairs and teams covering tennis, badminton, and squash. Such activity has helped the brand to grow £14.3 per cent year on year to the end of September/October 1992, according to research carried out by Nielsen on behalf of Smithkline Beecham



Santé offers to keep your skin healthy while ensuring confidence

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## Hepler to address professional session at BPC

Professor Douglas Hepler, whose definition of pharmaceutical care has been much quoted since the publication of the Joint Working Party report, is to address the professional session at this year's British Pharmaceutical Conference.

Professor Hepler, chairman of Pharmacy Healthcare Administration at the College of Pharmacy, University of Florida will be joined by Barry Andrews, managing director of E. Moss Ltd, and Dr I. Cox, former chairman of the Clinical and Research Division of the Royal College of General Practitioners.

The session, held on the Wednesday morning, will take the theme "Applying pharmaceutical care to the health of the nation". It highlights the emphasis placed on this year's conference theme — "Health of the Nation".

The theme for the science sessions will be "variability and the individual".

The University of Reading is the venue for this year's conference, to be held from September 21 to 24. The opening session at the town's Hexagon Theatre will be addressed by Tom Sackville, Parliamentary Undersecretary for Health.

He will be joined by David Coleman, president of the Royal Pharmaceutical Society and the scientific address will be given by Professor M. Rowland, this year's conference science chairman. The Mayor of Reading will welcome delegates.

The conference exhibition will open on the Tuesday lunchtime and will be followed by the conference science medal lecture to be given by Dr A. M. Gurney

from the Department of Pharmacology, St Thomas' Hospital, London.

The pharmacy practice research session and posters will follow the professional session on Wednesday afternoon and Thursday morning sees the sectional meetings. The joint community/agricultural and veterinary pharmacy session will take as its theme "Planning a pharmacy".

Speakers will include Dr R. Pocock, MEL Research Birmingham, Mr R. Todd the NPA's head of pharmacy planning, Mr S. Duncan, marketing director of E. Moss Ltd and Mr A. Facer, a proprietor pharmacist from Lancashire.

On the Thursday afternoon, the group discussion sessions will be held, following the same format as in previous years.

There will be eight groups in each of two sessions, with a tea interval between them. Each session will be chaired by a member of the Society's Council. An invited speaker will give a 15 minute contribution after which there will be 60 minutes of group discussion.

This year's topics include "Teaching health promotion to undergraduate pharmacy students", "Pre-registration training", "Clinical pharmacy in the community", "Involvement of the community pharmacist in adverse drug reaction monitoring", "Professional commitment — what are its implications?" and "Shared care protocol — the discharged patient".

Conference will close on the Friday afternoon after the conference symposium and conference lecture.

## Advice on folic acid 'fails to reach women at risk'

Advice on increasing folic acid intake has not reached seven out of ten potential mothers, according to a survey for the Consumers' Association.

A report in the latest issue of the Association's magazine *Which? Way to Health* (April 1993), says the Government's advice on cutting the risks of babies being born with spina bifida has failed to reach women at risk.

Of those women (26 per cent) who said they had heard the Government's advice, only one in eight could repeat the advice.

Even women who had heard about the advice could find it difficult to act on, says the CA. When the magazine's shoppers in five different areas tried to buy

folic acid supplements only four out of 15 shops sold the preparation in the correct strength.

"Official advice is clearly not getting to those who need it," says David Dickinson, Editor of *Which? Way to Health*. "This information is very important...A few simple steps could help reduce the 400 cases a year of babies born with spina bifida in the UK."

• *Which? Way to Health* has produced a free factsheet with information on foods and supplements. A copy can be obtained by sending an A4 sized stamped addressed envelope to Department E5, Consumers' Association, PO Box 44, Hertford X, SG14 1SH.

## PSNC get script threshold concept wrong

Pharmaceutical Services Negotiating Committee chairman David Sharpe is on record stating that nearly 3,000 pharmacies in England and Wales would be financially damaged — perhaps irreparably — by what the DoH has proposed, and is now asking all individual pharmacists to write urgently to their local MP and Family Health Services Authority.

This is because of the Department's suggestion that those pharmacies which dispense less than 2,000 prescription items per month should not qualify for the professional allowance.

But before we start making a song and dance about Mr Sharpe's request, we have to examine whether we should accept a minimum dispensing level as a qualifying criterion before the professional allowance is paid. Once we set a precedent, as agreed by the PSNC, for a minimum threshold of 1,000 items per month into the NHS pay system, it will be very difficult to resist any future proposal made by the DoH to increase the threshold!

It is utter rubbish for the PSNC to quibble over the

number of pharmacies to be closed down as a result of introducing a high threshold, and then to be complacent about the still significant number of pharmacies which would be closed down if a relatively low threshold was imposed. PSNC should examine whether there should be a threshold at all, or whether this threatens the survival of our profession, undermining the rights of privilege of individual pharmacists.

The general feeling among contractors is that a minimum dispensing level should not be implemented, but according to the so called "fair and democratic" system we have, presently no individual contractor may call a Special Conference to decide this matter once and for all. This task, of course, is left up to "those above", who are elected and sit on the Local Pharmaceutical Committee. Only the LPC can take any action on this matter, and it is about time they did!

It is no good if you are put in a position of such magnitude to sit on your backside, regardless of what is happening. Inevitably they will see our profession go down the drain because it is not "their problem."

Ashwan Tanna  
London

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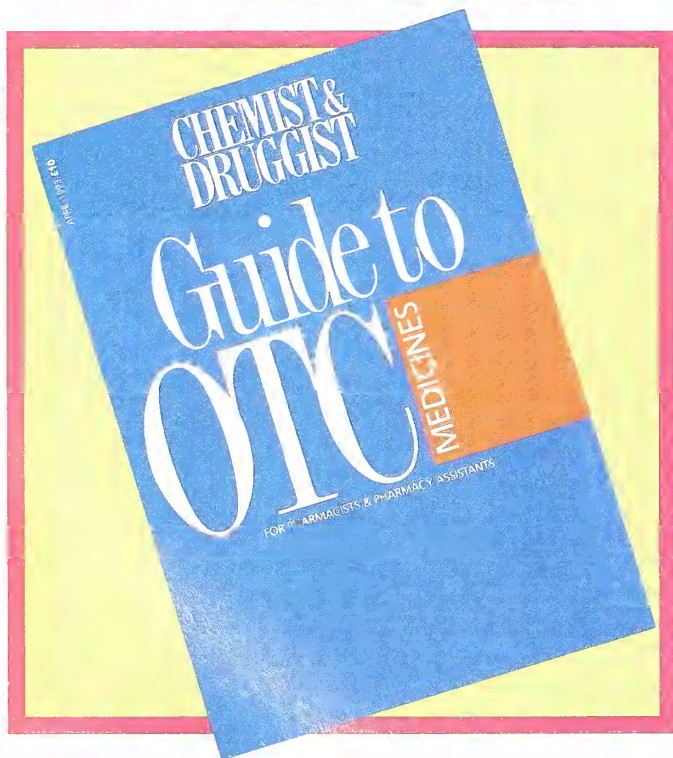
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# Pharmagora: French pharmacy on display

For three days at the beginning of April, Paris was host to some 482 companies exhibiting in a 24,000 square metre hall to the French pharmacy trade in general — and community pharmacists in particular. Some 28,324 visitors passed through the doors of Pharmagora, a high percentage of them "titulaires", over three days. The middle Sunday, April 4, saw the 13,000 "people peak" at Porte de Versailles



The show gets underway on Saturday: an aerial view of block B stands



France's leading wholesaler OCP in action. The company is currently in the throws of an internal dispute, with German wholesaler Gehe an outside bidder. If Gehe win the new company will be Europe's largest wholesaler



SmithKline Beecham's health balloon goes up in Europe. Roche Nicholas were also on show



Pharmacy signs off and on at Pharmagora (above) No smoke without fire; (right) Nicotinell blazes a trail on the Continent. Part of Le Monde's stand (below) — the magazine co-sponsors the exhibition





Over the next few years, it looks likely that there will be a growing expectation for pharmacists to provide a wider range of professional services.

Although the High Street pharmacist has always enjoyed the reputation of being a reliable professional person, willing to advise on medicines and minor ailments, that role is undergoing change and expansion. In the current climate, where pharmacists are to be paid an allowance for the provision of professional services, there is growing awareness within the profession that we must project the appropriate image.

Now is the time to prepare for change. If we want pharmacies to be the first stop in the High Street for customers seeking reliable, professional help on health care issues, then the shop itself must be part of that image.

## Identifying the concept

The concept of what creates the right "professional image" is debatable and may involve personal preference. To some, the word "image" relates only to the multi-branch businesses which have adopted a uniform look for their shops. For others, professional image is more tied up with the personal contact they have with the public.

The personality of the pharmacist will inevitably influence the relationship with customers, but the whole image will involve the staff, the shop interior, fittings and general ambience of the business. Fortunately, the majority of pharmacists acknowledge that standards of presentation must be improved overall, especially when it comes to the ethical side of the business.

In an ideal world, a pharmacy should be solely concerned with professional services — the dispensing and sale of medicines and other health related products. In most cases, however, pharmacists need to diversify into other areas to make their business viable.

In a small business it may be more difficult to project a professional image because all the trading activities and the one point of contact between staff and customers tends to be concentrated on just one counter.

With the "expanding role", it must be expected that there will be more demand for the dispensing staff to meet the public. An adequate space at the counter should therefore be kept free of merchandise, otherwise one has the problem of a patient and the pharmacist beginning a conversation about a prescription, with other customers trying to reach merchandise in between the two. Not an ideal situation!

The dispensary, the medicines counter, the consultation space and the position of any health monitoring equipment should ideally be viewed as one overall unit. Some pharmacies achieve this by using a co-ordinated colour scheme in clinical pastel

# Forward planning for a professional image

**Ray Todd, head of pharmacy planning at the National Pharmaceutical Association, gives some pointers as to how pharmacists might project their professional image through the ambience of their pharmacy**

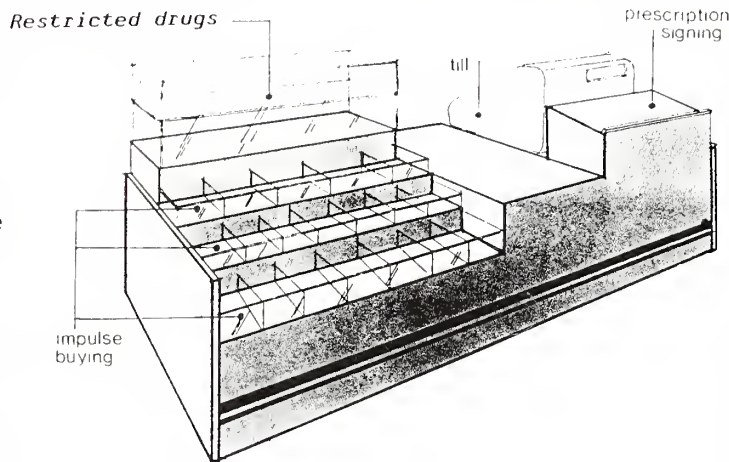
shades, or by having the style of shopfitting for the ethical area similar to the dispensary equipment and fittings.

## First contact

The medicines counter is usually the first point of contact between customer and shop

some of these activities.

A pharmacy can easily lose business because of unnecessary congestion. Dissatisfied customers are quick to try another pharmacy — it has been proved that customer loyalty is, sadly, a diminishing feature in today's High Street.



The layout of a typical medicines counter

staff. There should be an adequate number of assistants available who are well-trained and of smart, professional appearance.

A typical medicines counter has to cater for the following important functions:

- The reception of prescriptions and the handing of medicines to the customer. There should be adequate space and surface for the signing of prescriptions (and a pen!).
- The display and sale of Pharmacy medicines.
- The display and sale of general OTC merchandise.
- The display and sale of other related products for impulse purchase.
- Provision of advice to customers asking casual, non-confidential questions to medicines counter assistants.

In the smaller shop, the concentration of all these functions into one small area inevitably creates pressure, with a danger of the medicines counter becoming obstructed by customers. It may be necessary to try to separate

for handing in prescriptions. This point should also have a script signing facility.

The script reception point could be part of the dispensary or an extension of the dispensary layout. There are many benefits in allowing customers to have direct access to the dispensary staff: they can explain straight away if there are likely to be any delays or difficulties in the preparation of the medicines.

Having established the possible waiting time for the prescription, the pharmacist can invite the patient to wait elsewhere in the pharmacy to be called when the script is ready. This gives customers the chance to look around and make any other purchases while waiting. It also eases pressure on the medicines counter area.

The NPA has also found from surveys it has undertaken that customers are happy to act on suggestions coming from the dispensary staff, but are likely to show resistance to ideas from the assistants on the medicines counter.

## Handing out the medicine

Many pharmacists prefer to hand medicines to their customers personally. In smaller businesses, this may be undertaken at the same point where scripts are received.

Larger dispensaries usually operate a positive flow-plan where medicines are handed in one place and given out at another, often at opposite ends of the medicines counter. This, again, encourages customer movement in the shop and helps to prevent congestion in one particular area.

## Consultation points

Pharmacists may be asked for confidential advice from worried customers and, regardless of the size of the pharmacy, there should be a well-defined space for this purpose. The format for a consultation area will be influenced by a number of factors:

- Overall size of the pharmacy and space available.
- Number of customers likely to need a separate area.

Let's look now at some of the options available to a pharmacist seeking to improve his professional image.

## Reception of prescriptions

There should be a clearly defined and well-signposted reception point or counter area



Prescription reception — clearly defined and well-signed



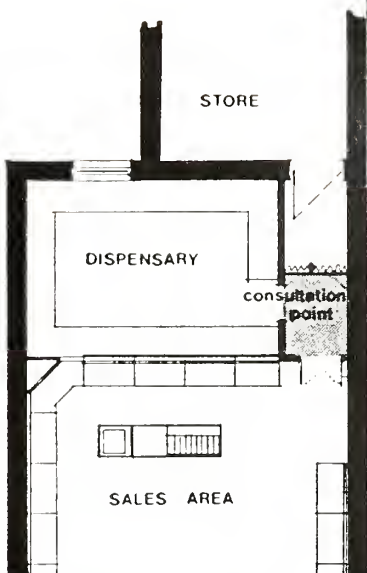
● Amount of time the pharmacist can devote to counselling customers.

In the interests of security, no customer should be taken into the dispensary, even for an urgent consultation. There has been a disturbing increase in the number of thefts from dispensaries where the suspect has admitted previously assessing the dispensary beforehand during a consultation.

The amount of time a pharmacist can devote to counselling will be determined by his staff providing alternative dispensary cover. Set procedures should be agreed in advance with the staff, not forgetting that on rare occasions, another member of staff might be needed by the pharmacist during the consultation.

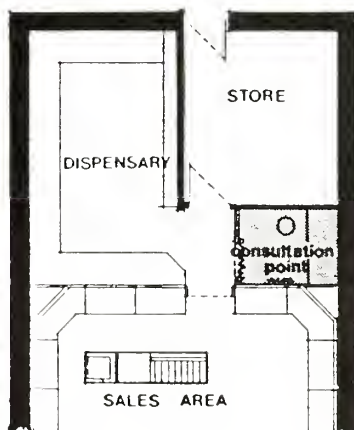
Where the pharmacist wants to add to his or her professional services by the provision of a consultation area, this will probably be either within the sales area, or behind it.

● In the sales area. The most popular solution is to have an extension to the sales counter,



Consultation area making use of available space but liable to interruption

pharmacist which puts pressure on the rest of the staff to cope. It is becoming increasingly popular for pharmacists to undertake consultations within



Combined administration and consultation area

a utility area at the side of the dispensary. This can double up as an office-cum-admin area, somewhere to take telephone calls and so on.

With careful planning, the area could include a fold-away unpacking and checking bench for deliveries. Even a small passage at the side of the dispensary can be decorated and finished to provide an adequate quiet space.

### An ethical corner

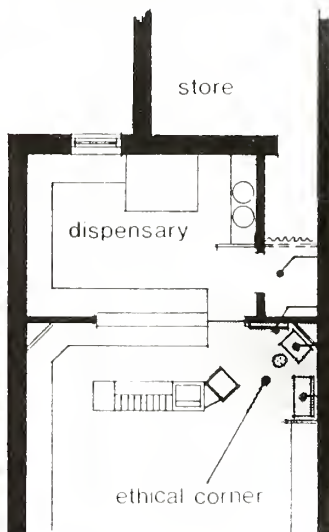
The idea of an ethical corner is to bring together all the health care services and related products into one professional area. In far too many pharmacies it is obvious that, although proprietors are keen to offer health promotion ideas, the equipment and displays are crammed into an unsuitable location.

Blood pressure monitoring machines have been spotted in main shop windows, health leaflets in a leaflet stand hung under the stairs or obscured by carrier bags and information leaflets out of reach, though

admittedly with the caption "Please ask the staff to serve you".

The end of the medicines counter is often a difficult place to merchandise properly and is therefore a good place for an ethical corner. The following items can be considered for use here:-

- Blood pressure monitoring equipment: sufficient area for a seat beside the equipment is needed.
- Cholesterol testing: taking a blood sample can be embarrassing to the patient and other customers, so adequate privacy is needed. A curtain which can be pulled across would be ideal.
- Weighing machine.
- Distribution of free



happy just for somewhere to wait for their medicines. An angled counter may encourage movement towards the ethical corner and there are various ways of holding the attention of waiting customers:

- Moving messages on digital display units
- Video promotional loops in quick soundbites
- Leaflets displayed in suitable racks
- Information panels listing services

"Move with the times" is a cliché which has never been more applicable to community pharmacy. We have the opportunity to place pharmacists firmly in line as health care professionals, part of the primary health care

A typical ethical corner

healthcare leaflets: these leaflets can become dog-eared, untidy or even out of date if not checked regularly and displayed properly.

The Pharmacy Healthcare leaflet stand is available free of charge to all pharmacies and specialist leaflet stands can be ordered from the NPA. Some FHSAs offer grants or even free making inquiries.

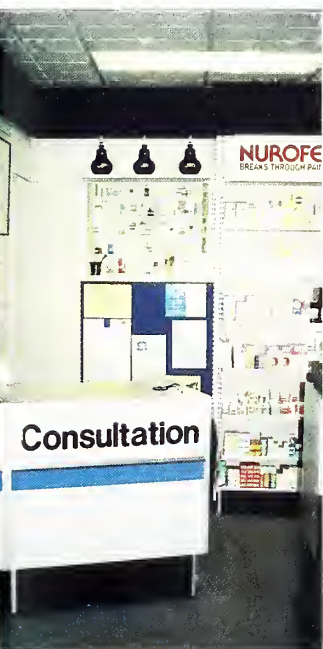
- Medical or health care books, manuals and videos: again, these should be displayed properly and it should be clear if they are for sale.
- Seating: if seats for waiting customers are incorporated into the ethical area, make sure patient counselling takes place well away from these.
- Information board: to acquaint all customers of the services provided by the pharmacy, perhaps a menu-type board with removable plastic letters.

For the sake of the professional image, it is important that the merchandise displayed next to the ethical area should be suitable, that is health related, eg health foods, first aid products and so on. It is not the right place for shelves full of sweets, if there is a right place in a pharmacy for such merchandise!

Finally, it must be recognised that not all customers waiting for prescription medicines will make other purchases. If the pharmacy enjoys a reputation for quick service they will be

team.

High street pharmacists need to take stock and examine their professional image honestly and be prepared to make changes. When we are called to give account of ourselves and our profession, we must not be found wanting.



often incorporating a discreet screen to enhance privacy.

Many pharmacists also use this area to display practice and healthcare leaflets, and to hand out medicines. Some pharmacies incorporate the consultation point within the ethical corner, which is acceptable provided sufficient privacy can be achieved.

● Behind the sales area. If the consultation point is to be completely segregated from the public area of the shop, a great deal of thought needs to go into the design.

A separate room may well be justified if there is adequate demand and the room can also be used for other professional services such as truss fitting, measuring for support hose and so on.

There is a danger, however, that a separate room may encourage prolonged consultations with the



## Barclays push up card costs

Barclays Merchant Services are increasing the cost of some credit card transactions by 8 per cent, but only "paper" transactions; electronically processed sales will cost the same.

The move is expected to hit about 40,000 small businesses, including thousands of pharmacies.

Trevor Williams, NPA business services manager, said: "We deplore this move; this is hitting the small retailer yet again."

"Now they have got us hooked on credit cards they are putting the prices up. The retail world has

gone plastic, but that is because the banks have been pushing us that way."

Barclays maintain that as the volume of plastic card purchases increases, the cost of processing those made on paper vouchers has increased disproportionately. The bankers claim that the cost of processing a paper voucher is about 100 per cent higher than a transaction made through EPOS.

Over the past three to four years the rates charged to process credit card transactions have been kept down as companies fought for market share.

However, now there is an increasing number of Switch cards in circulation, which can only be used with an electronic terminal. The number of debit cards is also on the increase.

The NPA has negotiated a rate through Midland Merchant Services for credit card transactions, to provide a special deal for pharmacists. This is currently under discussion.

Retailers who want to move to the electronic processing of credit card transactions are faced with a £35 monthly bill to rent the necessary unit.

## Richardson hit by court case costs

In the final act of the long drawn out courtroom battle between John Richardson computers and Chemtec, the judge has ruled that JRC must pay 70 per cent of their own costs and 60 per cent of Chemtec's.

While JRC has won an injunction in respect of copyright infringement of three features of their system, and there is to be an inquiry into what damages have been suffered by JRC as a result, these are unlikely to be large as the judge has already ruled that they were "fairly minor" infringements.

However, Chemtec can expect to get damages to compensate them for a court order which has seriously inhibited their trading position. These are expected to amount to a considerable sum.

JRC has won an injunction prohibiting Chemtec from selling, distributing or otherwise dealing with any program containing JRC's amendment routine, line editor and dose codes.

## Marks & Spencer call for Sunday compromise

Marks & Spencer is backing a series of compromise Sunday trading proposals put forward by Retailers for Shops Act Reform, a group comprising "a wide range of the best known names, both large and small, in retailing".

There are three key elements to the RSAR proposals:

- There should be no restrictions on Sunday opening for a range of small convenience/leisure shops of under 300 sq ft, nor any size of garden centre or DIY outlet.
- All shops should be allowed to open on the four Sundays immediately before Christmas.
- There should be employee protection — Sunday working should not become compulsory.

The Shopping Hours Reform Council claim they have been

promoting the same thing for "some considerable time".

The RSAR rejects the claim, saying: "The SHRC's proposal is a

thinly disguised version of total deregulation and is not the genuine compromise its supporters' claim."

## Nurdin & Peacock battle through recession

Nurdin & Peacock increased its pre-tax profit in 1992 by £30.2 million, up from £27.6m the previous year.

Reviewing the year, the company says that trading conditions remained very difficult last year as the recession continued. Despite this, the company was able to increase sales and margins, which it attributes to improved customer service, strict attention to operating costs and a number of

new business initiatives.

Turnover improved 5.5 per cent to £1.45 billion, with sales of own label items accounting for 23.7 per cent.

The increase in profit before tax reflected improved operating margins offset by lower interest receivable. The company paid £9.2m tax, an effective rate of 30.4 per cent. Profits after tax were £21m.

Highlights of the company's trading year include opening a Glasgow branch last November; a

continued refurbishment programme of existing stores, the implementation of central buying and further extension of the company's own label range.

N&P is planning to move into the Club Warehouse market, selling a limited range of goods directly to the consumer.

Nurdin & Peacock achieved an earnings per share growth of 13.3 per cent last year, from 15p to 17p. A final dividend of 4.16p has been recommended by the board.

## Dispense Wyeth Temazepam Tablets on open scripts for temazepam

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# AAH buy Baylis

AAH Holdings have bought the contract distribution service Baylis Holdings (BHL) for £4.25 million.

BHL have their customer base in the food and consumable household products sectors. Then company operates from sites in Bristol and Wolverhampton, and provides daily distribution across the Midlands, south and south west England, and Wales. It also links with other regional distributors to provide a national service.

BHL achieved a pre-tax profit of £690,000 over the last financial year and net assets are assessed at around £1.5m.

The £4.25m asking price is to be met by an issue of 544,667 ordinary shares plus £1,385,000 cash.

A further cash sum not exceeding £2.2m may be payable after two years if the pre-tax profits reach at least £1,350,000 in the second year.

Chief executive Bill Revell said: "The acquisition of BHL complements the group's established regional distribution business, which covers eastern and northern England, creating scope for operational synergies and providing a network able to pursue larger national contracts.

"It also provides the resources to support 'just-in-time' contracts for hospitals and other healthcare centres across a wider range of products beyond pharmaceuticals.

"I am confident that this will prove to be a very successful acquisition."

## SB secure vaccines supply

Smithkline Beecham have signed a long term supply agreement for diphtheria, tetanus and pertussis vaccines. The deal also covers such combination vaccines as hepatitis B, haemophilus influenzae b, and injectable polio vaccine.

Under the agreement, the Hoechst subsidiary Behringwerke AG will supply the vaccines for SB to both sell directly and

formulate in a series of novel paediatric vaccines.

SB plan to market and distribute these vaccines worldwide.

• SB's chairman Henry Wendt says concern over changes in how healthcare is provided and paid for has had a depressing effect on the share prices of health companies, including SB.



John Park & Son Pharmacy receive the Juvela Quality Service Award 1992, pictured here (left to right), Ken Howel (SHS sales and marketing director), Hazel Burnett, Mr Cruickshank (pharmacist), Dorothy Taylor and the nominator Mrs Francis Cowie

### Proteus move

Proteus Molecular Design have moved to: Proteus House, Lyme Green Business Park, Macclesfield, Cheshire, SK11 0JL. Tel: 0625 500555; fax: 0625 500666.

### Waverley growth

Blow-fill-seal makers Waverley Pharmaceutical have expanded their production facilities in Runcorn to provide a contract manufacturing facility for sterile liquid products.

### Hood to Grampian

Neil Hood, professor of business policy at Strathclyde University, is to become a non-executive director of Grampian Holdings.

## Unichem in VAT form

Unichem are supplying VAT exemption forms free to customers. The aim is to assist in the sale of items like nebulizers, blood glucose meters, and disabled aids which are eligible for VAT exemption but which are not zero rated.

Advice on eligibility for exemption is available from local Customs and Excise offices.

Single copies of the exemption form are included in Unichem's May promotions book. Further copies are available through Unichem's surgical service.

### In the City

Despite the rising hopes of an economic recovery in Britain, share prices have struggled to hold on to the gains made earlier this year. Thanks to the Government's soaring borrowings and the Chancellor's firm rejection of another interest rate cut, there has been sustained profit-taking from investors in recent weeks. Market sentiment has also been hit by a looming price war in several industries, such as tobacco and food retailing.

The pharmaceuticals sector has been one of the biggest fallers due to fears about President Clinton's proposed reform of the US healthcare system. The sector has underperformed the market by about a fifth since the beginning of the year and could weaken further. The latest bearish news from the sector concerns Glaxo, whose shares have been in ragged retreat. Earlier this week Barrons, the influential US investment weekly, ran an article in which a leading American share trader predicted another sharp decline in Glaxo's shares. The article argued that Zantac's profits will suffer as a result of a rival ulcer drug, Tagamet, going ex-patent. The move is expected to lead to a flood of cheap new generic ulcer treatments on the market forcing down Glaxo's profit margins.

A damaging article in the *Lancet* was to blame for a recent slide in Wellcome shares. The journal recently published a detailed medical study which concluded that Retrovir was not effective in preventing the onset of AIDS in HIV positive patients. The finding led to sharp correction in Wellcome's shares, but some City analysts believe they have been oversold.

However, there are rumours that Medeva may be the next to be hit by a wave of selling. The company's shares were unsettled by one big US seller ahead of the Easter break, but the group's American fan club is still understood to be flourishing. However, some analysts believe the shares could remain volatile because of a recent rights issue.

Next week the spotlight is expected to turn on Zeneca, the pharmaceuticals company spun out from the demerger of ICI. The new entity is likely to publish its pathfinder prospectus for a flotation in the next few days. Although the offer price will not be set until later, the company could attract a price of around 700p a share.

Meanwhile, share trading in Unichem and Lloyds Chemists have been subdued ahead of Virginia Bottomley's plans on pharmaceutical pricing in the UK. There is talk that the proposals will be published within the next four weeks.

## Task force invites business

The government's recently formed Chemicals and Pharmaceuticals Deregulation Task Force is inviting the industry to make its legislative problems known now.

John Robb, the Wellcome chief executive appointed to lead the

task force, is also inviting comments on how such problems can be overcome.

Details of problem legislation should be sent to Mr Robb at Wellcome plc, Unicorn House, 160 Euston Road, London, NW1 2BP.

### Coming Events

#### Wednesday, April 21

**Northern Scottish Branch, RPSGB** at the Postgraduate centre, Raigmore Hospital, Inverness, 8pm. Annual Meeting. **East Met Branch, RPSGB**, at Wanstead Library, 7.30 for 8pm. Illustrated lecture by Simon Brophy of the Research Defense Society, Annual Meeting.

#### Thursday, April 22

**Sheffield Branch, NPA** at the Royal Victoria Holiday Inn Hotel, Sheffield, 7.30pm for 8pm. Lecture on Care in the Community. **Weald of Kent Branch, RPSGB**,

at the Postgraduate Centre, Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, Kent, 7.45 for 8pm. Lecture on Eczema and other Skin Conditions, Dr A. McDonald, Consultant Dermatologist, Kent & Sussex Hospital.

**Stirling & Central Scottish Branch, RPSGB** at The Northwood House Hotel, Larbet Road, Bonnybridge, 8pm. AGM and Quiz.

**Slough & District Branch, RPSGB**, at Knoll Ltd, Fleming, 71 King Street, Maidenhead, Buffet from 7.15pm for 8pm Annual Meeting.



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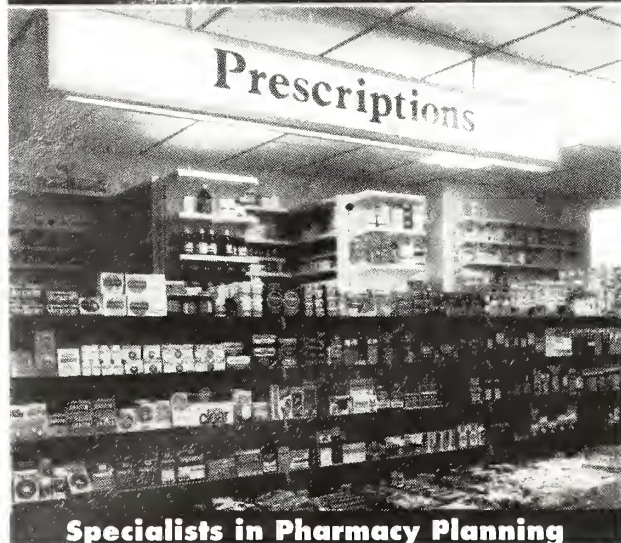


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**TRADE LESS 50%+VAT+POSTAGE** - Coloplast/Surgicare, etc. Telephone for list on 0294 79312.

**LESS 40% LIST PRICE+VAT+POSTAGE** - 1 x 300ml Lioresal liquid; 19 x 2ml Depixol 40mg amps; 1 x 28 Roxiam caps 300; 1 x 100 Kinidin Durules and others. Tel: 401 837 (Belfast).

**COST LESS 30%+VAT+POSTAGE** - Fortum inj 1g (exp 5/94). Tel/fax: 0384 77555.

**TRADE LESS 30%** - Sandostatn inj 50mcg x 45, 500mcg x 5; Centicin inj 80mg/2ml x 150. Tel: 0423 862117.

**TRADE LESS 25%+VAT** - 28 Burinex A (exp 9/93); 28 Mobiflex 20mg (exp 9/93); 12 Carbalax supp. (exp 7/93); 3 x 21 Cycloprogyronova 1mg (exp 7/93). Tel: 0792 892308.

**50% OFF** - Hlepkol inj 10 x 10 (exp 6/95); Dalacin C 150mg inj 4 x 5 x 4ml (exp 10/94). 30% off Retrovir 250mg 3 x 40 (exp 11/93). 25% off UK Zovirax 200mg 10 x 25 (exp 9/96) and others. Tel: 081-889 0150.

**TRADE LESS 50%+POSTAGE** - 100 Achromycin 250mg; 100 Aldomet 125mg; 100 Antepin 1g; 100 Apresoline 25mg; 56 Corwin 200mg and others. Tel: 0484 850413.

**TRADE LESS 50%** - 12 x 100 Adizem 60 and other items. Tel: 0708 524015.

**TRADE LESS 25%** - Zovirax 800mg x 15 (exp 1997); 68 Loran caps (exp 12/94). Tel: 0274 599576.

**TRADE LESS 30%+VAT** - 11 x Myocrisin; 215 Distamin 250mg; 50 x labetalol 400mg; 46 x Rythmodan 100mg. Tel: 071- 739 4723.

**LOUIS MARCEL** hair remover plus lighter products - 50 assorted. £98+VAT+postage. Tel: 0792 892308.

**TRADE LESS 25%+VAT+POSTAGE** - Atromid S 500 x 200; Provera 200mg x 100; Dolmatil x 300; Securon SR 240 x 100; Trental 400 x 90 and others. Tel: 0232 351088.

**TRADE LESS 25%+VAT** - Zofran 8mg, 4 x 10; 1 box Convatec 266; 1 box Convatec 5242. Tel: 0322 526470.

**TRADE LESS 30%+VAT+POSTAGE** - 8 Colomycin inj 500,000 units (exp 6/94); 3 Temazepam elixir 300ml (exp 12/94); 20 Maxepa cps (exp 7/94); 100 Fenpropion 300mg (exp 7/95). Tel: 0386 446244.

**TRADE LESS 25%+VAT+POSTAGE** - 1 x 100 Miraxid 450 tabs (exp 8/93); 2 x 100 Asendis 100mg tabs (exp 10/94); 2 x 14 Cimobac 500mg caps (exp 2/94). Tel: 081-670 1833.

**TRADE LESS 30% +VAT+POSTAGE** - 100 Furadantin tabs 50mg (exp 7/94); 2 Berotel inhalers (exp 8/95); 50g Dithrocream 0.1% (exp 8/93); 56 Relifex tabs (exp 5/94) and others. Tel: 0594 542517.

**NICORETTE PATCH** 15mg, 200 units available. Best offer secures. Tel: 0702 75140.

**TRADE LESS 30%+VAT** - 30 Nimotop; Hypovase 5mg; 4 x 28 Burinex A; 100 Spiroctan 50mg; 92 Loniten 5mg; Emcor 10mg; 1 x Zoladex inj and others. Tel: 0792 654635.

**TRADE LESS 30% + POSTAGE** - Comfeel protec- tive film; 3 x 1000ml Travasept 100 solu (chlorhexidine and cetrimide). Tel: 081-946 0543.

**TRADE LESS 50%** - Creon 6 x 100 (exp 8/93). Tel: 081- 985 5265.

**TRADE LESS 50%+VAT+POSTAGE** - 7 x 30 Coloplast MC2000 6330; 1 x 30 Convatec 5803 32mm; Becotide 200 (exp 6/93); 3 x 100g Calmurid-11C (exp 5/93). Tel: 0942 883949.

**TRADE LESS 25%+VAT** - 2 Atrovent Forte inhalers; 90 Nuclin 125mg; 100 Benoral; 75 Aspav; 2 x 100 Bolvidon 10mg; 50 Cedilanid; 68 One Alpha 0.25. Tel: 061-320 9123.

**COST LESS 30%** - 100 Pondocillin; 50 Suprax; Sandostatn amps 500 mcg/ml, 5 x 5 x 1ml. Tel: 04840 214355.

**PARALLEL** - Imuran 50mg (Eupharm); Imuran 50mg (Stephar); Dolobid (Eurochem). Trade (parallel) less further 30% Tel: 051-525 3522.

**ZOPLA** x 6 Swan Foam 22.5cm x 45cm x 4 pieces. £7.50+VAT+postage. Tel: 0423 504807.

### FOR SALE

**CAVALIER 1600** - Red F Reg, 5 speed, sunroof,

MOT, TAX, stereo. Low mileage, very clean + alarm. £2,900. Tel: 0708- 743341.

**LOCKERS** approximately 6ft x 1ft, lockable with individual keys. £25 each. Tel: 021-471 4979.

**BMW 318i** - E reg, red + radio/cassette. Sunroof, front and rear spoilers, alarm. 45,000 miles only, excellent condition, one owner.

AA insp welcome - £5,500. Tel: 041-445 2552.

**PHARMACY FITTINGS** - Old mahogany - 1 drug run (4 bowed glass front, backing mirrors); 1 counter and 1 old working weigh machine. Tel: Belfast 320590.

**JOHN RICHARDSON** Sanyo PMR system 40mb disk; Panasonic printer; Samsun screen; Linnett modem - £500 + carriage. Tel: 0443 690226.

**FAX MACHINE** Ricoh 6110 with usual functions. £200. Tel: 081-952 1260.

**NEON SIGNS** reading "Pharmacy" in green letters. Full switch gear mounted on outside walls of shop due to relocation. Make me an offer. Tel: 051-638 2772 Peter Jamieson.

### WANTED

**AMYTAL 30mg** tabs - any quantity. Tel: 081-907 8894.

**QUINIDINE** sulphate tablets 125mg - any quantity. Will collect. Tel: 0244 379268.

**ROC** green cream eyeshadow 7ml bottle (liquid). Any stock? Tel: 0932 842592.

**BIRMINGHAM/20 MILE RADIUS** - Pharmacy

wanted. T/o circa £300,000, NHS £2,500. L1/F11 considered. Private buyer. Tel after 5pm 021-472 4514.

**LABELLING SYSTEM** - Any make with PMR facility.

**EXCESS DRUGS** - Prompt payment or swaps - refs available. Special wants: Sandimmun; Imuran 25mg; Zoladex; Transene 7.5mg/15mg. Tel: John Sugarman on 0482 54260 or fax 501792.

### ACCOMMODATION

**COSTA BLANCA, CALPE** - Select resort, front line apartment. Sleeps 4/5, 50yds from sandy beaches, close to all amenities. From only £100 per week. Tel: 061- 794 8243.

**KENSINGTON W11, LONDON** - Luxury furnished apartment, cleaned daily Mon-Fri. Available for holiday stay. Tel: 081-451 3094.

**ROBIN HOODS BAY, NORTH YORKS** - Spacious cottage, sleeps 6-8, fully equipped. Available from May 1993. Tel: 0723 361819 for brochure.

**PORTUGAL, ALGARVE** - Lovely new villa in quiet hillside situation. Own pool, sleeps 4, beautifully equipped. Telephone now to book some sunshine on 0252 713999.

**CALA GADANA, MENORCA** - Self-catering villa, 3 bedrooms, 10 min from one of most beautiful beaches on the island. Ideal for children. May-September. Tel: 081-578 4464.

Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to Chemist & Druggist. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form below.

**EXCESS STOCK CAUTION:** Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers they must therefore satisfy themselves about product history, conditions of storage etc

To: Business Link, CHEMIST & DRUGGIST, Benn House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname . . . . .

First names . . . . .

Address . . . . .

. . . . . Postcode . . . . .

Personal RPSGB Registration number . . . . .

Telephone number . . . . .

Proposed advertisement copy (maximum 30 words)

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To be included under section Heading . . . . .

Signed . . . . . Date . . . . .



# Aboutpeople

## Business award for Nu-cross

Nu-cross Chemist of Hitchin has won the "Against all the odds" category of the Hertfordshire Business Awards 1992.

Since proprietor Mr Shiraz Mitha took over the business in 1984 the shop has been re-merchanised, the business hours have been extended, a staff training programme has been

implemented, and a free collection and delivery service has been started for the elderly and the housebound.

All this has taken place in the face of stiff competition from larger stores and with a shop situated further away from the local doctor's surgery than its competitors.

The Nu-cross shop expanded last year when an adjacent unit became available and now has ten staff, compared to the one member of staff it began with in 1984.

Mr Mitha received a cheque for £1,000 and a trophy from John Abramson of Teleconnexion, one of the sponsors of the competition.

Chris Humphries, managing director of Hertfordshire TEC, said that Mr Mitha has shown tremendous courage and tenacity in the face of adverse circumstances and that the story of Nu-cross was a fine example of the fighting spirit which is leading Hertfordshire into the 21st century.



## Mycil team in marathon

The 1993 Mycil London marathon team know that "the force will be with them" when they run the 26.2 miles on Sunday (April 18).

Crookes employees Keith Cooke, Dick Durrance and Tony Young will be raising money for a charity project to protect elephants — Tusk Force.

The picture shows, back row, Dick Durrance (left) and Tony Young with Keith Cooke in the front of the picture.

## Six First time Council candidates

There are six new candidates for this year's election of the Council of the Royal Pharmaceutical Society: Mr Julian Ashley; Mrs Pat Hoare; Mr Maurice Leaman; Mr Allen Lloyd; Mr Hemant Patel and Miss "Tee" (Mary) Treacy.

Two former Council members are seeking election — Ian Caldwell (1988-91) and Mr Peter Curphey (1989-92).

The seven Council members seeking re-election are: Mr David Coleman; Mr David Allen; Mr Noel Baumber; Professor Geoffrey Booth; Miss Ann Lewis; Mr Allan Nathan and Mrs Linda Stone.

The three-yearly election for the five auditors of the Society's accounts has produced six candidates; Mr Richard Clitherow, Sir John Hanbury, Mr Mervyn Madge, Dr Brian Wills and Mrs Barbara Young — the five retiring auditors — and Mr Richard Phillips.

## Appointments

### Crookes reorganise

Crookes Healthcare have reorganised their sales team. Steve Stagg becomes national sales manager for multiple chemists and drug trade sector accounts while Neil Murphy is promoted to national sales manager responsible for the chemist wholesale business as well as the chemist, medical and dermatological sales team.

In the reorganisation Gerald Fremlin is to become the head of trade marketing and David Wright is to be promoted to trade sector manager for chemist/drug.

Martin Johnson becomes trade sector manager, wholesale and Graham McLean is national account manager in the same sector. Steve Ayling becomes chemist field sales manager.

Three members of the Farley's marketing team have also been promoted, Barbara Hodgson to senior product manager and Fiona King to product manager for Farley's Timers. Andrew Wilding takes over as product manager for Farley's Rusks.

Smithkline Beecham have announced the following three appointments: Ignace Goethals has been appointed president, SB Animal Health.

Tamar Howson will become senior vice-president and director of business development. A new position of senior vice-president and director worldwide commercial operations, SB animal health has been created for Jorge Valls.

Richard Gorman has joined Aurum Pharmaceuticals Ltd as a director. He was previously managing director with Martindale Pharmaceuticals.

Boots Healthcare International have appointed Phillip Davey as director of marketing and a member of the executive. He will now be responsible for marketing the company's healthcare products.

Sheila Matthews has been appointed national accounts controller for Natural Beauty Products who are responsible for the Naughty But Nice range of toiletries.

## Skiing Competition

The 19th Chemist Skiing championships held in Meribel this year attracted 150 skiers from 12 countries of whom four were British pharmacists.

The events included slalom competitions and cross country skiing.

British competitors faced stiff competition from their European colleagues. Joe Cotter from Liverpool, the captain of the British team, managed a notable victory in the parallel slalom when his opponent, Berlin pharmacognosy professor Heinz Schilscher, came to grief half way down his first run and was disqualified.

Allan McGeachie of Wirral and Bill Jones of Brighton both made the second round of the parallel slalom but found the Continental competition too tough. Dave Parker of Bournemouth, the new recruit to the British team, achieved good times in both the



Joe Cotter prepares for the giant slalom.

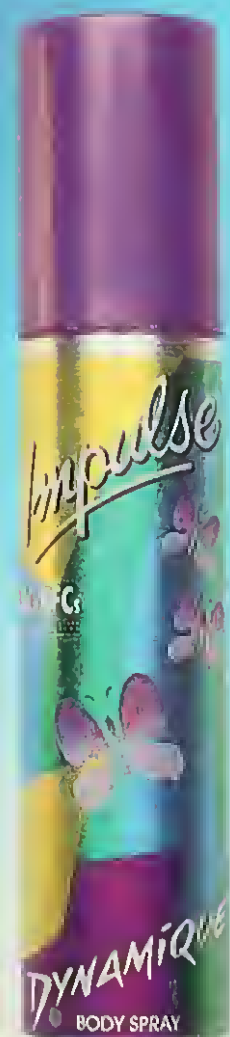
slalom and the giant slalom events.

Austrian, French, German and Italian skiers won most of the medals with Hans Tesar from Austria winning the championship gold.

The championships next year are expected to be held in Italy. British pharmacists who would like to participate — skiing standards need only be average — can get details from the Chemist and Druggist as soon as they become available.



# What does new Impulse Dynamique smell of?



Mon... Clean, crisp and fresh.  
And no wonder Dynamique is  
the new fragrance in a range  
that already has a market  
share seven times larger than  
its nearest rival.\* What's more,  
its launch will be backed by  
a massive £3.3 million worth  
of TV, press and cinema  
advertising. So be sure to  
stock plenty of Impulse  
Dynamique (not forgetting  
the 25ml handy trial size).  
Then sit back and breathe in  
the sweet smell of success.

\*B superpanel value 1992



GLIDA GIBBS  
FRAGRANCE & PERSONAL CARE





# Overnight success



Fam-lax has been achieving overnight success in the gentle relief of constipation for many years now.

The crisp new packs achieved overnight success of a different kind, dramatically increasing O.T.C. sales from the moment they appeared.

And ongoing consumer advertising will ensure this trend continues — *naturally*.

## Fam-lax®

*The Laxative both you and your customers can feel comfortable with*

AVAILABLE THROUGH YOUR WHOLESALER



**TORBET**

TORBET LABORATORIES LTD. BROUGHTON HOUSE, 33 EARL STREET, MAIDSTONE, KENT ME14 1PF. TEL: 0622 762269. FAX: 0622 764046

Distributed by

Farillon Ltd., Romford, Essex RM3 8UE. Tel: 0708 379000.

**Indications:** For the symptomatic relief of constipation. **Presentation:** Brown, circular chewable tablets containing the active constituents Yellow Phenolphthalein USP 120mg and Rhubarb Powder BP 27.5mg. **Dosage and Administration:** Adults and children over 12 years - half to one tablet to be taken daily at bedtime. Not recommended for children under 12 years. The tablet may be chewed or crushed and taken with the aid of water, milk or fruit juice. **Side Effects:** Phenolphthalein - Abdominal cramps may occasionally occur. Allergic reactions have been reported. Cardiac and respiratory distress have also been reported. It has occasionally caused albuminuria and the presence of free haemoglobin in the urine. **Precautions:** Prolonged use should be avoided - the warning "If Laxatives are needed every day or there is consistent abdominal pain, consult your doctor" is included on the pack. **Pack sizes:** Available in packs containing 12 or 30 tablets. RSP: £1.32 for 30 tablets, 95p for 12 tablets. P.L. Number: 0249/5052 R.



